

Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, December 2, 2008 — 1:00 p.m.

Speaker: I will now call the House to order. We will proceed at this time with prayers.

Prayers

DAILY ROUTINE

Speaker: We will proceed at this time with the Order Paper.

Tributes.

Introduction of visitors.

Are there any returns or documents for tabling?

Are there any reports of committees?

REPORTS OF COMMITTEES

Hon. Ms. Taylor: I have for tabling the seventh report of the Standing Committee on Appointments to Major Government Boards and Committees.

Speaker: Are there any further returns or documents for tabling?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motion?

NOTICES OF MOTION

Mr. Mitchell: I give notice of the following motion:

THAT this House urges the Government of Yukon to refrain from involving itself in the political debate presently going on in Ottawa, so that Yukon will be well positioned to deal with whatever government is in power in the new year.

Mr. Hardy: I give notice of the following motion:

THAT it is the opinion of this House that the community renewable resources councils should receive adequate funding from government so that they can fulfill their legislated mandate of assisting in the management decisions related to fish, wildlife and their habitat, and forest resources, as outlined in First Nation final agreements and the Yukon *Umbrella Final Agreement*.

I also give notice of the following motion:

THAT this House urges the Yukon government to improve Yukoners' access to local foods by:

(1) encouraging and supporting innovative gardening techniques for our northern climate;

(2) promoting the use of individual backyard gardening plots and greenhouses;

(3) promoting the use of shared garden plots and greenhouses; and

(4) encouraging the purchase of local foods by local supermarkets,

in order to relieve the dependence on and the expense of imported foods shipped from locations thousands of kilometres away.

Speaker: Are there any further notices of motion?
 Is there a ministerial statement?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Coalition government in Ottawa

Mr. Mitchell: Mr. Speaker, we are all aware of the unfolding circumstances in Ottawa; however, it will all be resolved in some way at some point. Yukon, as well as other provinces and territories, will then have to conduct business with whoever is the Prime Minister. I'm disappointed that our Yukon Premier has become so vocal on the topic of a federal coalition government. This will do nothing to enhance working relations with a new government should one be selected by the Governor General. It is a time for the Yukon government to keep out of Ottawa's business.

Mr. Speaker, for the Yukon government to inject itself into this debate is not in the best interests of Yukoners, whether the Prime Minister is Mr. Harper, Monsieur Dion or another, they will be the Prime Minister and that will be that. There is nothing we can do to affect the situation other than to possibly alienate federal leaders with whom Yukon will have to work.

Will the Premier agree not to make any further public statements on this matter in his capacity as Premier or a member of this Assembly?

Hon. Mr. Fentie: Mr. Speaker, where to begin? First, let me point out that the Leader of the Official Opposition is asking the government, in its demonstration of leadership, to not voice its concerns about political instability in Ottawa. By the same token, he has now entered the debate himself by virtue of the fact that he is asking a question on the matter and asking the government to take a very clear position about not involving itself. Mr. Speaker, I can tell you this: the country of Canada is facing a great global crisis. This is not the time for political instability at the seat of our national government. That's the voice of Yukoners; that's the voice of many Canadians already being heard across this country.

Let us all focus on the task ahead, and that's exactly what was intended by the Council of the Federation — its joint process with the 10 provinces and three territories, in conjunction with the federal government. Our message to all federal parties: it's time to recognize, to set aside their partisan issues, to set aside their self-interest and to focus on what is the big issue, the big crisis — the economy globally.

Mr. Mitchell: Mr. Speaker, this Premier enters the debate with partisan comments and a partisan press release issued yesterday on behalf of all Yukoners. Now we understand that the Yukon Party and the Premier in particular is disappointed with the turn of events. We understand the projects that were being promoted by the government may now have to start again. We on this side of the House understand their disappointment over possible pending appointments, such as a new senator for Yukon — that may now be delayed or go to a different individual, but we must not overreact, Mr. Speaker. No one knows for sure how all of this will play out; however, what is important is that at the end of the day, Yukon positions itself

to work with whoever the Prime Minister is. In other words, it's not our fight — stay out of it.

Will the Premier agree to quietly wait for the decision on who the Prime Minister will be, then extend our congratulations on behalf of the Yukon government and get on with the matters that are relating to the Yukon economy?

Hon. Mr. Fentie: What is extremely problematic for the Leader of the Official Opposition is that he's demanding that the government be non-partisan, yet every statement made in his question is very much partisan.

Mr. Speaker, excuse me and the government side for standing up and making a principled stand with regard to what's going on in Ottawa. We're saying, "no political instability." The time has come for all to work together so that Canada can manage its way through this crisis.

Recently Canadians in this country voted for a government, and they rejected other parties to form government. At the very least, the democratic process allows for a non-confidence vote. We don't take issue with that. But if there is going to be a new government, it should not be formed through backroom negotiations under false pretense. It should be formed through the decisions of Canadians by casting their ballot.

Mr. Mitchell: What we are asking for is for the Premier to not become politically engaged in a partisan manner in this debate. There is a process; it will take place. Canada is the most stable country in the world and it will work itself out.

If the proposed coalition actually were to form a government, they've proposed to spend \$30 billion to stimulate the Canadian economy. That is a tremendous amount of money that would have a major impact on the north, in general, and the Yukon in particular. Mr. Speaker, just one percent of it — if it were earmarked for the north — is \$300 million. If Yukon got a third of that, there is money for a new F.H. Collins Secondary School, for hospital expansion and perhaps \$30 million for communities to deal with infrastructure and other needs. There is too much at stake here for this government to be going around closing doors and alienating people. Will the Premier agree that if he can't say something constructive, he will say nothing at all?

Hon. Mr. Fentie: Mr. Speaker, I think the Leader of the Official Opposition has completely lost the point that Canadians across this country are now dealing with — that is the situation in Ottawa and the political instability that is being created by this maneuvering. All we are saying is this is not the time for that kind of conduct by all of our federal parties. It is the time for the federal parties to come together and address the crisis that Canada faces globally.

Mr. Speaker, I will not — will not — sit silently by while backroom negotiations to form a government, to overthrow a government democratically elected a few weeks ago — I will not stand idly by and allow that situation to happen.

This whole negotiation, this whole approach, is under false pretense. The suggestion that there's a stimulus package in what these coalition parties are offering Canadians is minus all the detail and it flies in the face of the hundreds of billions of dollars that are already committed, not only in Canada but

across the world, to deal with the global crisis. This can be compared to a ship in stormy seas throwing their captain overboard.

Question re: Power outages and reliability

Mr. McRobb: I have a question for the minister responsible for the Yukon Energy Corporation. Again yesterday, it was lights out under this Yukon Party government. The latest in a series of power outages again struck without warning, throwing traffic into turmoil, disrupting retail trade and interrupting various activities around the territory. This latest disturbance also suspended proceedings in this Assembly for the second time in recent weeks.

A month ago I asked this minister to give this important matter a higher priority but he refused. He also refused to act on suggestions put forward, yet had no answers of his own. Yukoners are tired of these repeated outages, and want the minister responsible to take appropriate action.

What, if anything, is he doing about it?

Hon. Mr. Kenyon: Yesterday's power outage, as far as we have been able to determine, was a transformer problem at Aishihik. We do have crews out there looking at it, and looking at why it went, and looking at the overall picture of the state of repair.

Part of the problem, of course, is a patchwork quilt done over many, many years and many governments. So we are looking at that to bring it on-line with a more consistent system, using consistent parts and supplies from a consistent supplier. That should go a long way toward helping the stability, as will the addition and joining of the Whitehorse-Aishihik-Faro grid to the Dawson-Mayo grid.

Mr. McRobb: Well, I didn't ask for a status report. This government needs to place a higher priority on ensuring that our base infrastructure is in reliable condition and keeps the lights on, but that isn't a priority for the Yukon Party. It has refused to make this an agenda item for the upcoming hearings. It has refused to provide any sort of direction to the publicly owned utility. It has refused to contribute any funds toward improving the condition of the existing infrastructure. It has turned the proverbial blind eye.

Now, the frequency of these outages has gotten out of hand. It is time for this government to demonstrate leadership — something that has been woefully lacking.

Why is it this government is all too willing to be hands-on when there's a photo op, like the one last week with the Premier throwing the switch, but it's hands-off when it comes to keeping the lights on?

Hon. Mr. Kenyon: It's good to see the member opposite concerned about lights being on?

I think all Yukoners are concerned about this — we understand that. Joining the two grids will be a big part of this project, as I mentioned before, of bringing all the various parts together with a single supplier so that we can deal with them and have everything working together. Certainly the project cost of bringing the two together, which will help the stability incredibly, is a total cost of \$130 million. The fast-track of that and the development of an additional 40 gigawatts per year of new green energy will offset energy requirements of diesel and

its associated 28,000 tonnes per year of CO². Bringing the Capstone mine on-line will allow us to sell some of the surplus energy and allow additional funds to continue to develop that. Getting the Village of Pelly Crossing off the diesels will reduce greenhouse gas emissions by another 30,000 tonnes. So we are working every day toward this, toward increasing the stability. We have had some challenges and we are aware of that.

Mr. McRobb: Mr. Speaker, part of the media associated with that photo opportunity last week mentioned how the community of Pelly Crossing was finally silent. Well, it wasn't silent yesterday as the diesel generator roared once again, because of this power outage. In fact, diesels across the territory were roaring, including those the government wants to buy from the Minto mine.

All this, of course, also carries direct cost to the consumer to pay for the expensive diesel fuel burned to run the generators. Yukoners are also getting burned by the fuel rider on their power bills. This fuel rider adds about 15 percent to customers' bills to pay for diesel fuel. How much longer will the minister responsible be reaching in the pockets of Yukoners? When will this fuel rider end?

Hon. Mr. Kenyon: The Yukon Utilities Board, as the member opposite knows quite well, is meeting currently to make those determinations. As a quasi-legal board it is their determination — not the member opposite's or mine. It is the Yukon Utilities Board that will make those decisions. Yes, it was an inconvenience to have the diesels running for an additional hour or two yesterday.

I understand very well in terms of the member opposite preferring to burn diesel in the past than adjust rates.

Speaker's statement

Speaker: Order. We've ruled this area of conversation out of order before. The minister has the floor for another 10 seconds.

Hon. Mr. Kenyon: Thank you, Mr. Speaker. There are a variety of ways of handling the whole situation, we understand. We obviously disagree on how to do that.

Question re: Work experience life skills program

Mr. Edzerza: The report called *One Vision, Multiple Pathways*, prepared for the Department of Education, recommends the discontinuance of the work experience life skills program — or WELS program. The report says this program, which is designed for students with academic challenges, may have strayed from the original intentions. It is unclear in the report why the conclusion is made. We wonder if there has been a thorough evaluation of WELS, an assessment of the policies that direct this program and training for the instructors.

Will the Minister of Education be acting on this recommendation, and how does he justify it?

Hon. Mr. Rouble: The Department of Education will be responding to many of the issues and concerns brought forward in the *One Vision, Multiple Pathways* report.

Mr. Speaker, this government has recognized the need to replace F.H. Collins, and we've also recognized that we need to do the appropriate amount of planning to determine what the

new building should look like — how big it should be; the type of classrooms and the classroom sizes and, indeed, the hours that it's open. That's why, Mr. Speaker, the government went to work with a consulting organization and with many stakeholders, including various departments in the Government of Yukon, with various First Nation governments, with the school councils and with other partners involved in education. There has been a very thorough document produced, looking at the different outcomes for secondary school education. Indeed, that's the title: *One Vision, Multiple Pathways*.

Mr. Speaker, we want to see Yukoners grow up with the skills and capacity to contribute in our society, but we recognize that there will be different directions that they can take. For some, it could be following a very academic path; for others, it might involve other pathways such as vocational training or apprenticeship training. We also recognize that there are other pathways; there are those individuals who do have academic challenges, and we do need to look at the appropriate programming in order to ensure they have opportunities to learn and to succeed in the future.

Mr. Edzerza: Mr. Speaker, this report also states that there is a need to synchronize secondary programming across the Yukon. It says that government will need to be flexible and act in new ways to support innovative partnerships in education. This sounds like an echo of another report we have tabled called *Working Without Boundaries*. The WELS program could be a good focus for implementing the recommendations in this report.

Many students in the WELS program have need of the services in the other two departments — Justice, and Health and Social Services. The three departments should be collaborating to improve the delivery of this front-line service, removing barriers and strengthening best practices for WELS students.

How is the minister applying the principles in the *Working Without Boundaries* report for this program?

Hon. Mr. Rouble: One only has to look at the number of participants and those people who participated in the report to see how different departments and indeed different partners in education are being included. This report, *One Vision, Multiple Pathways*, was very inclusive. It went out and invited people from across the territory to participate. It looked at rural Yukoners, Yukoners here in the territory, it worked with students in our school system, and it looked at how to involve our partners in education.

By "partners" — we're tossing a very broad net. We're including organizations like Skills Canada Yukon, which plays a great role in working with apprenticeship programs. We're working with our partners in Health and Justice and the Women's Directorate. Indeed, Mr. Speaker, you can see there are submissions and input from a variety of different government departments throughout here. Before we go about changing any program though, I can tell the member opposite that it simply will not be thrown out without an appropriate replacement project being in its place. The needs of the students will certainly come first. We will ensure that programming is changed in order to best meet the needs of our students, so that they can satisfy the needs in our community.

Mr. Edzerza: Part of the *Working Without Boundaries* report is the observation from the Yukon courts. As one judge said, “The system desperately needs to work through a common vision to an integrated plan.” Another said that it was evident that no one professional had the complete picture of the offender’s background or current situation. He said the case before him served as a condemnation of a system which erects numerous barriers, isolating relevant information from professionals who are forced to make critical decisions with incomplete data.

The *Working Without Boundaries* report recommends better links and collaboration between social workers and schools and even having a social worker in the schools. How has the Department of Education responded to this recommendation in the four years since the report was written?

Hon. Mr. Rouble: Mr. Speaker, really I can only comment on the work that I have been directly involved with and not in the work of previous Education ministers. I will say that we have been honouring all of the information put forward in previous reports. Mr. Speaker —

Some Hon. Member: (Inaudible)

Hon. Mr. Rouble: I’m sorry, do I have the floor?

According to the member, the Leader of the Third Party, I don’t have the floor.

Mr. Speaker, we are going to build on all the work done previously. There was a very good report brought forward in 2004, which was certainly before my time as the Minister of Education. We will continue to work with all members of the Assembly and all departments in order to accomplish the outcomes necessary to educate our children so they can grow up and lead happy, healthy lives that are satisfying in our community.

Question re: *Working Without Boundaries* report

Mr. Hardy: Yesterday I tabled a report titled, *Working Without Boundaries, Final Report: An interdepartmental collaboration project*.

My question caused considerable confusion on the government side of the House, as we witnessed. Nobody seemed prepared to discuss the report or the many good recommendations it contained to improve collaboration, cooperation and communication among government departments. In all fairness, I would like to give the members — any minister over there — an opportunity to respond now that they have been briefed.

I will return to the question today. This report, which is designed to strengthen best practices for working together to improve the delivery of front-line services to families and children at risk, was completed in May 2004. Which of the key recommendations in the report have the ministers responsible for the Public Service Commission, Education, Health and Social Services and Justice implemented? Which ones?

Hon. Ms. Horne: The *Working Without Boundaries* report was developed by officials from Health and Social Services, Justice and Education, working with a senior officials steering committee. The report was completed in 2004. There were a number of major recommendations, and the document is informing work on the common client project, as it is called now. There is no link between this report and a reallocation of

the victim services unit within the Prospector building. We are working on the project and it is ongoing within the department. It is working well.

Mr. Hardy: Well, Mr. Speaker, that’s a shame that there’s no connection between the report, which is supposed to remove the boundaries between the people working in different agencies and departments, and what’s happening over there, because if there were a connection, maybe there wouldn’t be those problems. Maybe if this report had been followed —

Now, earlier in this sitting I tabled the 2008 Yukon government employee engagement survey. Among other things, it noted that the morale of workers in these departments is not very good. One of the reasons for this is that staff is not getting the support and direction from upper management they need to do their jobs; it was stated very clearly. We have had several instances of this reported to us specifically. Too often — this is right from the report — the workload is crisis-driven, leaving little time to identify ways of working better together. Can we expect to see an improvement in the relationship between the front-line workers and their supervisors?

Hon. Mr. Rouble: Mr. Speaker, indeed there is a certain number of issues that cross all boundaries in government. There are issues that are faced by common clients, clients that have a relationship — either because of their age and their participation in the school system — with the Department of Education, or Justice, or Health and Social Services. Also, Mr. Speaker, there is another tie that binds all government employees together, that being the Public Service Commission.

This government has made a commitment to work collaboratively within the departments to address the needs and interests of citizens in our community. We will continue to do that. We will continue to build on the work that was done in the *Working Without Boundaries* report. There was good work done on that. It has been built on with other work, with information-sharing protocols and with continued relationships between people in different departments.

The member opposite also commented on the employee engagement survey and, as we’ve discussed, the different departments — the deputy ministers — have all developed plans as to how to address some of the issues brought forward from their departments. We will certainly trust deputy ministers who lead the operational arm of the government to engage all employees, to ensure all are working to the best of their abilities with the relationships within government and to address the common needs throughout the Yukon.

Mr. Hardy: That was a very nice little speech. Employees need to be respected and listened to. What we have seen in the employee survey is that there is dissatisfaction and poor morale. Departments need to be working together. What we are seeing is that this government is not following a report that was put out four years ago, called *Working Without Boundaries*. No minister seems to be able to give us concrete examples where recommendations to improve collaboration and communication have been adopted. I haven’t seen an example yet on the floor.

Had the recommendations been followed, Mr. Speaker, maybe, perhaps, we wouldn’t have had such a bad rating in the

employee survey. There appears to have been a reluctance by all ministers to direct senior managers to implement the collaboration report and later to respond in a positive way to the employee survey. My question: will this government or will it not implement changes in the workplace that will respond to both reports?

Hon. Mr. Rouble: Mr. Speaker, I would like to assure all members of this Assembly that all employees of the government are respected and listened to. That is why we ask the questions. That is why the employee engagement survey was done and that is why it is so important. We will continue to do this, Mr. Speaker, because it is important to ensure that we are creating an engaging workplace.

I'm not sure if the member opposite has seen the recent edition of the *Sluice II* — this is an internal publication for Yukon government employees and it has a whole section on the departments taking a go-forward approach to survey results planning. Mr. Speaker, I will send a copy of it over to them. It lists the different department responses as to how they will take steps to engage employees and to provide changes in their workplace in order to make working for the Government of Yukon a better place to work.

Question re: Human Rights Act amendments

Mr. Inverarity: Mr. Speaker, I am passionate about the work done by the Select Committee on Human Rights. There are many good suggestions that have come forward. The Minister of Justice says that this government is very careful about ensuring the independence of the Human Rights Commission. It has been suggested that funding for the Human Rights Commission be appropriated through an alternative budget authority, a budget authority that is not under the control of the Department of Justice. Will the minister educate the members of the House as to why this suggestion has been made?

Hon. Ms. Horne: As this House knows, this report was only tabled about a week ago. As I answered yesterday, we are looking into the matter of the recommendations made in the report and we will not do them hastily. We want to make sure it is done correctly and properly in the right time.

Mr. Inverarity: Mr. Speaker, I appreciate all that I have learned from the work that has been done on the Select Committee on Human Rights but the minister made a curious statement yesterday, and I quote, "We are very careful that the Human Rights Commission is indeed independent and at arm's length from the Justice department."

Mr. Speaker, it is no secret that the Minister of Justice controls the funding for the Department of Justice and for the Human Rights Commission.

In light of this, can the Minister of Justice explain her involvement in keeping the Human Rights Commission at arm's length from the Department of Justice?

Hon. Ms. Horne: As this House knows, the Human Rights Commission reports to the Legislature and their budget is done by the Human Rights Commission. They submit their budget proposal to the Department of Justice and we've readily increased their funding throughout the years.

Mr. Inverarity: When it comes to human rights complaints, Yukon government employees have said they feel like they are just fighting the system. The minister holds the purse strings for both sides of the human rights complaints and by complaints filed by Yukon government employees. When asked about changing the funding relationship for the Human Rights Commission, the Minister of Justice states that we are very careful the Human Rights Commission is indeed independent.

Will this minister do what's best for all Yukoners? Will the minister find an alternative budget authority for the Human Rights Commission so they can be truly independent and arm's length from government?

Hon. Mr. Rouble: I also wear the hat of the Public Service Commission and I want to inform the member opposite of many of the initiatives the Public Service Commission has to address some of the concerns he has just brought forward.

The member opposite might not be aware of the conflict resolution officers who are now in the Government of Yukon. These positions are there to work between employees who have situations in their workplace and employers at whatever level they might be. The government also has instituted the harassment prevention office, which is a bit more of a formal process, where people who have an issue in their workplace can raise it through that office, where it can be dealt with on a more formal basis. As well, just so the member is aware, there are other avenues that can be taken, including working with the union to issue grievances in the workplace.

In our work to ensure that we have a public service that is engaged in the workplace, we recognize that there are, from time to time, issues that come up that do need to be addressed. This government has responded and instituted mechanisms so that we can work to ensure that employees have a very safe and satisfying workplace in which to work.

Speaker: The time for Question Period has now elapsed.

Notice of opposition private members' business

Mr. Edzerza: Pursuant to Standing Order 14(2)(iii), I would like to identify the item standing in the name of the third party to be called on Wednesday, December 3.

They are Motion No. 637, standing in the name of the Member for Whitehorse Centre, and Motion No. 496, standing in the name of the Member for Whitehorse Centre.

Mr. McRobb: Pursuant to Standing Order 14(2)(iii), I would like to inform the House that in the interest of expediting business, we will not call a motion forward on December 3, 2008.

Speaker: We will now proceed to Orders of the Day.

ORDERS OF THE DAY

Hon. Mr. Cathers: I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Speaker: It has been moved by the Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair: Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 12, *Second Appropriation Act, 2008-09*, Department of Health and Social Services. Do members wish to take a brief recess?

All Hon. Members: Agreed.

Chair: Committee of the Whole will recess for 15 minutes.

Recess

Chair: Order please. Committee of the Whole will now come to order.

Bill No. 12 — *Second Appropriation Act, 2008-09* — continued

Chair: The matter before the Committee is Bill No. 12, *Second Appropriation Act, 2008-09*, Department of Health and Social Service, Vote 15.

Department of Health and Social Services

Hon. Mr. Hart: I am pleased to introduce the supplementary budget request for the Department of Health and Social Services for the current fiscal year. For the ongoing operational and maintenance expenditure, we are requesting an addition \$10,230,000, for a total revised O&M vote for the department totalling \$219,439,000. We are also seeking a capital adjustment by reducing the planned capital expenditures by \$3,137,000, for a total revised capital vote of \$7,994,000. These adjustments are accompanied by an additional increase in revenues of \$1,039,000, for a total planned revenue of \$32,205,000.

Revenues from various sources represent almost 15 percent of the total expenditures planned for the department. In this supplementary budget, the department is continuing to move forward on its commitments to ensure that residents of Yukon have access to the necessary programs and services they need.

During the second reading of this budget I highlighted for the members some of the key activities further reflected in this supplementary. I would like to draw members' attention to a few of those details: \$3,528,000 or 34 percent of the total increase is provided for additional support for the Yukon Hospital Corporation. The ongoing commitment we have made to our community's primary acute care facility and services is unprecedented and the three-year agreement with the corporation provides us stability and predictability in funding that will assist them in their planning and management activities.

We are not only responding to the financial pressures that the corporation experiences through normal price and volume

increases, but we have also included funding in this budget to move forward on the establishment of a mental health unit within the Whitehorse General Hospital. A responsive, effective continuum of care for persons with mental health problems must include both community- and hospital-based services.

This government has recognized the need to support the hospital with additional acute care psychiatric beds and services, and I am pleased that we are able to provide the funding to the Hospital Corporation that allows the creation of this specialized unit. This unit will better meet the safety, security and comfort needs of patients, family and the staff.

I am advised that recruiting for this service is underway, and there is early indication that the human resources issues can and will be addressed. A significant priority for the funding under the territorial health access fund has been enhancing services to rural Yukoners and persons with serious mental health illnesses.

Funds have been used to hire and locate mental health nurse consultants in Dawson City and Haines Junction, develop an early psychosis program, hire a social worker to work closely with persons with complex mental health and addiction problems, and hire more mental health support workers in Whitehorse and rural Yukon.

In addition to supporting the acute care in-patient services at the hospital, we have also increased our financial commitment to Many Rivers, a Yukon community-based individual and family counselling service. The increased funding for Many Rivers will ensure that counselling and support services continue to be provided in Whitehorse and in 10 rural Yukon communities, as well as to operate the No Fixed Address Outreach van and the youth outreach program. This government is responding to the growth, need and demand in this area, and the increase of \$1,381,000 over a new three-year contract with Many Rivers brings our total commitment to this organization to well over \$5 million.

We have also included in this budget additional funding for out-of-territory residential treatment for children and youth with serious psychiatric and mental health problems, as well as responding to the additional costs associated with patients who are under orders of the Yukon Review Board. A three-year contract with a third psychiatrist to begin March 2009 is being finalized. With a third resident psychiatrist in the Yukon, the Yukon will be very close to the ratio of one psychiatrist per 8,400 population recommended by the Canadian Psychiatric Association. Responding to the need for a variety of mental health programs and services is a priority of this government, and this supplementary budget clearly reflects our firm commitment in this area.

Additional health funding is also provided to address new programming. This year, the department is introducing the human papilloma virus immunization program. This voluntary immunization program is being implemented with the assistance of the federal trust funding and will help us establish routine immunization for young women to protect them against cancer. This program will be offered to females in grade 5 in the first year of implementation, and a catch-up program will also include female students in grades 6 and 7. The HPV vac-

cine provides protection against four types of HPV, two of which are responsible for about 70 percent of cervical cancers.

The supplementary amount for the health services budget also reflects the increases resulting from successful negotiations with the Yukon Medical Association on a new four-year agreement. The health services budget includes an additional \$913,000 increase for the tri-territorial ADMs of health operational secretariat to support a variety of important initiatives emerging from that forum.

The operational secretariat is one of the three elements of the territorial health system sustainable initiative. The secretariat supports the work of the territorial/federal health assistant deputy ministers working group and the pan-territorial projects. The pan-territorial initiatives include the Arctic health research network, the oral health project, the medical travel program evaluation, the orientation project and the mass media collaboration. These projects are all ongoing and will continue into 2009-10, the final year of funding. I'm pleased to indicate that this group is also actively discussing with the federal officials a renewal of the federal funding to support these critical and important territorial health initiatives.

Over 40 percent of the increase expected for health services is a result of reciprocal billing increases for in-patient stays at hospitals outside of the Yukon. This is largely due to the new rates in intensive care that came into effect as of April 1, 2008, for hospitals we use in British Columbia and Alberta, as well as an increase in the volume of patients going Outside.

I would now like to briefly mention some highlights of the social services side of the department. I've already provided the members with details during second reading on social assistance increases and how we responded to the needs in that area. I've also provided details on this government's increases to childcare and the major commitment we have made in that area to support children, parents, childcare operators and childcare workers.

There are other highlights I would like to now draw to your attention. This budget includes increases to support the good work of the non-government organizations that provide essential community services. Contract increases of \$100,000 are included for the Help and Hope for Families Society for the second-stage housing and \$155,000 for Kaushee's Place here in Whitehorse.

I have spoken with the executive directors of the Help and Hope for Families Society, Kaushee's Place, as well as Many Rivers, about the long-term funding we provide them, and they have expressed to me that they are quite pleased with this arrangement. This arrangement provides these non-profit organizations with the stability of funding in the multi-year agreements that we have signed with them, and it has been much appreciated, so that they're not guessing at whether they're going to get their funding near the end of the year. It's something that is welcomed by all three organizations that I've just mentioned.

A three-percent increase for wages and benefits is also included in the supplementary budget for the Child Development Centre. We are working with the Child Development Centre to

ensure we can provide long-term, stable funding that meets their needs.

We're continuing with the implementation of our new family supports to children with disabilities program announced earlier this year. The program provides assistance to parents for the cost of raising children with disabilities, over and above the cost typically incurred in raising a child.

Department staff have met with parents and groups to hear suggestions on the program guidelines, which have resulted in changes that better accommodate the needs of parents and children with disabilities. We are now moving forward to fully implement the program, and consultation with parents and stakeholders will continue in the course of that process.

A major activity currently underway is the development of the child and youth advocate legislation. Consultations on the proposed Yukon model are taking place as we speak. First Nations have been invited to a meeting in Whitehorse to discuss the proposals and I look forward to hearing back on the progress of those discussions and of the development of this legislation. The Yukon government is committed to tabling the child and youth advocate legislation in the spring of 2009.

In this supplementary capital budget we are requesting a revised vote of \$7,994,000, which represents a decrease of \$3,137,000. These lapses are offset by the projected increases on a number of projects, including over \$1 million in revotes associated with the system development activities that support Infoway projects, the medical travel module of the insured health services claim system replacement, and the telehealth project. An additional revote of \$400,000 for the childcare capital funds received from the federal government but not expended by year-end is also included, as well as \$227,000 for revotes associated with the young offenders facility.

Revotes associated with various projects in continuing care amount to \$556,000, all of which are ongoing and are in many respects routine maintenance activity associated with Copper Ridge Place, Macaulay Lodge and McDonald Lodge. This supplementary capital request also includes \$200,000 to renovations and equipment and to support the establishment of the new mental health unit at the Whitehorse General Hospital which I have already spoken about. Mr. Chair, these are just some of the additional highlights that I wanted to make mention of for the members opposite.

As you can see, the focus of this budget and the focus of this department is to move forward in improving, enhancing and responding to the program and service needs of citizens of Yukon.

I would be pleased to entertain any further questions at this point.

Mr. Mitchell: I thank the minister for his opening remarks. I sometimes think that instead of us scribbling furiously on yellow pads as he makes them, that the minister should just send over his opening remarks and then we would be sure we had all the facts when we enter into debate. It is good to have at least some details.

I sense that when the minister is next on his feet, rather than only answering questions, he may have yet additional opening remarks he wishes to make.

I'd like to begin by offering my thanks to the many, many hundreds of people who work in the Department of Health and Social Services, from the front-line workers right up to the deputy minister, for the job they do on behalf of Yukoners day in and day out. Every one of us here in this Assembly, no doubt, has had occasion to make use of not only family doctors in regular medical services but, from time to time, has made use of the emergency services of Whitehorse General Hospital or perhaps services within a community. We never fail to receive the highest level of care, and it's much appreciated — the dedication of Yukoners in providing health services.

This is a very, very large department. It's the largest department, by spending dollars, within the government's budget. And, as the minister has indicated, the operation and maintenance budget now is over \$219 million, with the current supplementary included. The capital budget, on the other hand, has decreased from \$11.13 million to \$7.994 million, largely, of course, based on the \$6-million reduction in projected spending for the multi-level health centre in Watson Lake.

The minister has alluded to a number of programs, many of which we are very pleased to see, such as the increase for the Yukon Hospital Corporation — the three-year funding agreement, which has been previously announced — of \$3.52 million. The secure unit within the Hospital Corporation, which was announced only recently — as I recall, on an opposition motion Wednesday when we were discussing that very issue. I'm pleased to hear that recruiting is underway, and that it looks like things may be up and running before too long.

When the minister is next on his feet, I would ask him if he could give us some timelines on that beyond "soon" as to when that might be expected because we've heard from employees within the hospital that security is a concern. Of course, we hear from Yukoners that this service is very much needed.

We are pleased to hear about the funding for rural communities from the territorial health access fund for Dawson and elsewhere. The increased funding for Many Rivers and for the Outreach van — over three years of secure funding is a very positive thing. I'm pleased that the minister has come to that three-year funding agreement because I know that Many Rivers does a lot of good work, not only in Whitehorse, but across Yukon.

NGOs, as the minister will probably agree, are able to leverage government funding along with funding that they raise on their own and through volunteers and get a lot of bang for the buck out of the dollars that are provided to them.

Similarly, there is the residential treatment for the children with mental health problems. The minister mentioned a third psychiatrist, who, I think he said, is in the process of being hired or recruited — I don't think he said he is already here, so he could perhaps clear that up.

The human papilloma virus immunization for grade 5 females is a forward-looking implementation of something that is being done elsewhere. I know that it has not been in some jurisdictions without some controversy, but anything that we can do that will help to prevent cervical cancer down the road for Yukoners is, in my mind, a very positive thing to be undertaking. I want to thank the minister for moving forward with this.

We already knew about the multi-year agreement with medical professionals. The minister mentioned the work of the operational secretariat of the deputy ministers across regions and that it looked positive for that funding to carry forward. I'm wondering if this is something the minister expects to find out about for certain at the health conference he'll be attending next week, or if it's just something that's in the works.

The increases to childcare: we still hear from childcare providers that it's not necessarily always filtering down to the front-line workers at a sufficient dollar level to make this a more competitive profession — I guess is the way I would word it. I'm wondering if the minister can provide some statistics on the net effect, in terms of average wages — if he has those statistics — for childcare workers with their category 1, 2 and 3 certification that this has led to. The reason I ask is, in the spring in the main estimates, we get that fairly detailed annotation that appears. It provides a lot of those statistics, but here we're dealing with supplementary budgets, so we don't have that information. I would expect that officials might have it, though.

The increases for Help and Hope for Families Society for second-stage funding and to Kaushee's Place of \$100,000 and \$150,000 respectively, are obviously positive, as are multi-year agreements.

I have some other notes I've taken. The minister mentioned parents of children with disabilities and that that's moving forward. When he gets past his opening remarks, perhaps the next time he's on his feet, could he provide us with some details of exactly how that's being implemented? That would be appreciated.

I'm glad to hear the minister maintaining the commitment to bring forward child and youth advocate legislation for the spring of 2009. It's good they are consulting on that, as it was something that was left to be done later — a kind of a homework assignment the minister inherited from the former minister after last year's legislation was passed in this House.

I do have lots of questions for this minister. I'd like to turn back to the document the minister tabled in this House earlier during this sitting — the final report, *The Yukon Health Care Review*, dated September 2008. I may also make references this afternoon to the *Report on the Audit of the Pharmacare and Extended Health Benefits Programs*, dated May 13, 2008. I'm just formally referring to them now so that *Hansard* will know to which reports I am referring.

I do have some questions to begin with, coming out of that final report, because in Question Period we don't necessarily have the opportunity to probe more deeply into these issues and we don't necessarily get the Minister of Health and Social Services responding, but here we do.

I'll start with a few statements from *The Yukon Health Care Review*. I quote: "The most notable concern is the cost pressures that result in expenditures in the health care sector growing at a rate significantly faster than the revenues available to Yukon." That's page 11.

Furthermore, "the report clearly demonstrates that the growth in Yukon Government health care expenditures will outstrip the growth in Yukon Government revenues as well as

the anticipated growth in GDP. If nothing is done to control the rate of growth of health care expenditures or increase revenues to fund it, the growth of the health care expenditures will result in a funding gap that could be as much as \$250 million by 2018.” — also on page 11.

“The report also asserts that Yukoners participate in and assume some responsibility for contributing to the fiscal sustainability of health care.” — page 12.

“Yukoners and their decision makers must acknowledge that to fully benefit from the Canadian federation, all citizens must contribute and if Yukon is to receive relief from the national government, Yukoners must also be seen as contributing fairly.” — page 12.

So I guess, in looking at those sorts of overriding statements early on in the report, Mr. Chair, it would appear that this report makes a very strong case for the following facts: one, Yukon is beginning to spend more dollars on health care than we are receiving from Ottawa to spend on health care; two, this trend is going to increase in the coming years unless the Yukon government takes decisive action to reverse it; three, Yukon’s choices, short of curtailing health care spending and reducing the level of service that Yukoners expect and deserve to receive, are to either spend more efficiently, make a strong case to Ottawa to continue to increase our funding for health care or implement additional charges and fees to be paid by Yukoners; and four, the Premier has publicly stated both in this House and Outside that he does not intend to implement user fees or increase other fees that Yukoners currently pay.

My question for the Health and Social Services minister: what does the Health and Social Services minister plan to do to address this problem, short of telling us he will consult with Yukoners? I think I’ll allow the minister to answer that and the other questions I posed at this point.

Hon. Mr. Hart: I will try to go through many of the items the member opposite brought up and respond where I can. If I miss, I’m sure he will cover that off when he gets up to respond.

I thank the member opposite for many of his statements. With regard to the hospital and in relation to the mental health unit, obviously it’s a very important issue for us. It was also a very important issue for me when I went to visit the situation after a recent incident there. I got to see first-hand the results and also, just to let the member opposite know, just how efficiently everybody came together and did the job they were supposed to do to ensure the safety of the residents of the hospital — patients as well as staff. I must say I was very impressed with how the hospital staff handled themselves, as well as the security people involved.

With regard to that, I will also say that security was an issue I brought up with the CEO with regard to this particular situation and it’s something we will be looking at addressing on behalf of the safety of all the staff at the hospital. In addition, I indicated in my preamble that we are in the process of going out for the staff for this unit. We have already gotten very good early indications that we may be able to have the appropriate staff in place prior to the improvements being made in the hospital.

Right now we are currently in negotiation with the staff on just where this is going to take place and we are consulting with the staff to ensure that this takes place, and it is going to be located in a place that will be suitable for the operation of the hospital itself, in addition to getting the input from the staff involved in handling the special unit. Again, I must say I am very impressed with how the situation was handled there, but I also recognize the importance of getting this unit established so that we can control situations in the future.

With regard to the third psychiatrist — I indicated that the individual will be coming to Yukon in March of 2009. That is the effective date. We have made arrangements with the psychiatrist; he does have to provide notice to his clients that he is leaving and thus the delay in the process. I apologize to the member opposite; the new psychiatrist is a “she”. In any event, that is well underway. It will put us within the normal population/psychiatrist ratio, and it is a very important item for us. It is something that we have been lacking in the past and is going to alleviate a little bit of our at-home pressure here.

With regard to THAF funding, the meeting next week has been cancelled, obviously, and thus I will not be going away next week. The northern ministers will be getting an audience with the Minister of Health and Social Services — whoever it may be — early in the new year to discuss the renewal of our THAF funding. That is one of our highest priorities — in fact, we were in the process of doing that. Until recently we were looking at a date very early in January with the current Minister of Health and Social Services, but given the week’s events that, obviously, may not take place either. Regardless, the three northern ministers and deputy ministers have got together, and we have a plan of action and we will be taking that to Ottawa, as I say, as early as we can possibly make an arrangement with the federal minister.

The member opposite was looking for some details on childcare workers. Obviously, I don’t have those details right here at my fingertips. I could provide it to the member opposite at a later date.

With the youth advocate legislation, as I mentioned, we are currently under a consultation process. We’re moving along. We have obviously had to move very quickly on this legislation. We’ve — I don’t know the word I’m looking for — but we have obtained good expertise in this field and advice on the legislation. We have put together a guideline that has gone out to the First Nations and other stakeholders, and we are awaiting the information in order to go forward.

I hope that we will be in a position early in the new year to begin the writing of the legislation, in preparation for the spring. That is something that we are obviously working on, and we hope to stay on schedule with that.

With regard to the health report that the member opposite was discussing, the report was provided to the House. It does indicate many items relative to general funding with regard to our health care in the Yukon.

As the member indicated, I’m in the process of forming — I’m currently looking for candidates as we speak — the steering committee to consult with the general public to get their input on just exactly what items the general public feels they

can live with, in regard to the report, and also to garner some information from the general public that may or may not be in the report. We don't know — depending on what those results are. We will get the information and release the results of same here in the House.

In the interim, as was mentioned, we have currently already done some of the items that were identified in the report and are currently looking at areas where we can improve our efficiency and costing for the health care system in the Yukon. It's a large department, as the member opposite indicated, and thus it will take a little bit of time to move on some of these items. But we anticipate — we have identified a few areas and will go to work on those. In the interim, we'll go out, get feedback from the general public and see what those results are.

Mr. Mitchell: I'd like to thank the minister for those answers. Some of them were very direct and specific and we always appreciate hearing those kinds of answers in this House.

I'm going to go back to the health care review. I noticed the minister mentioned putting together the steering committee and I would be curious to know how the minister is choosing to create this steering committee, in terms of what cross-section of the Yukon's population he's trying to ensure will serve on the committee, in terms of First Nations, non-First Nations, medical professionals including but not exclusive to doctors, nurses — I'm curious what the constitution of that committee will be; not the names so much as the nature of how the minister is looking to structure the committee.

I'm going to go back to the report a little further. The minister said that some of the recommendations in the report are already being worked on or implemented, and I'm a little curious how the minister is determining which recommendations to go ahead and move forward expeditiously on, and if he would indicate which ones those are for the benefit of the members on this side of the House, as opposed to which ones he's going to take out to public consultation, because it sounds a little bit like there has been some picking and choosing off of a smorgasbord of possible recommendations. The report had a fairly finite number, and I don't recall what that number was off the top of my head — I think it was forty-something or what have you — but I'm going to go back to a few specific ones.

Again, I will quote from *The Yukon Health Care Review*: "Where non-insured health programs and services are offered to Yukoners that are reasonably comparable to the program and service levels provided elsewhere in Canada, these programs should be offered at user fees comparable to those paid in other Canadian jurisdictions." That's from page 17 of the report, under "Health Programs and Services."

My question for the minister would be: does the minister support implementing these fees — yes or no? Or is the minister going to tell me that this is one of those items he wants to consult with Yukoners on and hear back what their thoughts are? But I'd be curious to know what the minister's thoughts are because this report, I might point out, has some pretty heavy-hitters, in terms of who the committee members are.

It was chaired by Mr. Bruce McLennan, who was a former Deputy Minister of Finance, as well as being a former Deputy Minister of Health and Social Services, so he's held both port-

folios. The other committee members include the current Deputy Minister of Health and Social Services and the current Deputy Minister of Finance, as well as the chair of the Yukon Hospital Corporation Board of Directors, and a former director of the Whitehorse General Hospital First Nations health program.

In addition, the presenters to the committee included representatives of the Yukon Registered Nurses Association, the Yukon Medical Association, the CEO of the Whitehorse General Hospital, the Assistant Deputy Minister of Health and Assistant Deputy Minister of Continuing Care, Health and Social Services.

This isn't some sort of third-party professorial report; rather, this is a report that has been drafted by people who are not only intimately familiar with how government works and how the funding for health services works, but are, in fact, intimately cognizant of how that works in Yukon.

Again, in terms of the question I just asked the minister regarding health programs and services and non-insured health programs and services that are offered to Yukoners, does the minister support implementing fees — yes or no?

Hon. Mr. Hart: With regard to the member opposite's question regarding family supports for children with disabilities program, I have some information.

In the November 2006 Speech from the Throne, our government committed to expanding these services. Family support for children with disabilities was launched in April 2008. We committed \$418,000 in the 2008-09 budget for this program expansion. The family supports for children with disabilities program is a very positive enhancement of services and expands the supports to children with disabilities and their families.

This program provides assistance to parents for the cost of raising a child with a disability, over and above the cost typically incurred by raising a child. This program will be hiring additional professional staff to meet its goals of providing enhanced services and supports to children with disabilities and their families.

Again, specifically dealing with that, I know I discussed it briefly in my preamble but there is some specific information for the member opposite and it provides him with some detail to what he was looking for.

With regard to the health review, I would just like to put on record my views with regard to the report. Regardless of the situation, this government is committed to providing front-line, first-line health services to all Yukoners. That is our goal. We must ensure that we provide the same health services that meet the national code, meet the national requirements, and that is a first priority of this government in providing health services to Yukon. That is my objective in this process.

As I stated earlier, we will go out to get the steering committee together. I am looking to have a good cross-section of people, with regard to the steering committee. Right now we have offers out, and we are awaiting responses. We are looking to have a good cross-section of people on the steering committee. We are looking to have someone from the health profession field — one or two members right now. We're also look-

ing to have someone facilitate the committee so that it gets around, and we're also looking at ensuring that we have First Nation representation as well as ensuring that we have, basically, the public at large represented on the committee, to ensure that we get the general public's view on the situation to ensure that we get the input. Our main focus is to ensure that we get our message out to as many Yukoners as possible, in any form possible, and to seek their input and to have that input accumulated and presented in a form that can be brought back to the House.

Mr. Mitchell: Thank you, Mr. Chair, and I will thank the minister for the additional details on the funding for family support for children with disabilities that he was able to bring forward.

This minister is usually very good at answering direct questions, and he's pretty straightforward with that, but that last answer was pretty political, even for this minister. I think I asked whether he supported implementing those fees, yes or no, and, by God, I wasn't sure I was hearing from the same minister. I will ask another one, Mr. Chair. Again, from the report, on the medical treatment travel program, on page 17, "The government should consider introducing a user charge for the Out of Territory Medical Travel (non-emergency) Program."

Does the minister support implementing these fees — yes or no?

Hon. Mr. Hart: I guess, basically, I will go back to my previous response. Again, it is to ensure that we provide front-line health care services to all Yukoners. When the steering committee has been compiled, we will discuss the situation with the steering committee to seek their general consensus with regard to the items that are in there, and get the response from the general public.

I guess to help the member opposite out a little bit — we have done some things that are underway already in the department with regard to the report — things that were identified. For example, the collaborative practices in the care of diabetes have already been underway. Already, plans are to expand the list of chronic conditions; we are already working on that. In addition, we have put in the taxes on cigarettes, increased the tax on cigarettes to assist in helping individuals to try to stop smoking. Again, there is a very high tax on smoking, to hopefully improve those who have to use the health care system, i.e. as a result of smoking. So those are a couple of the items that have been identified, the things that we are working on. In general, we plan to take as much of the report out to the general public as we can, but we still have to have a report or information that people can digest and respond to. It will be the job of the committee to put that together. Like I said, the results will come forth.

The member opposite has indicated previously that they will support sitting on the oversight committee, and they will have a direct view of what actually goes out to the public.

Mr. Mitchell: Well, I think the minister and I can agree on some things. I can agree with his statement that we must provide first-class health services to Yukoners, and I am happy that he says he is determined to do so. So we are ad idem

with the goal of providing first-class service. Where we aren't seeming to get clarity is on the method — that is the method of financing it. I appreciate that the minister is trying to make the point that he doesn't want to commit to what he will do prior to consulting; nevertheless this is the sitting of the House that we find ourselves in. I know it is the Christmas season, Mr. Chair, and I'm just going to ask these questions in a very deliberate way. We're not looking to have any sort of discord here, but I hope the minister appreciates I have to ask them. I will continue to ask them because perhaps what I'm hearing is I should phrase them differently. In fact, I'll try phrasing the next one differently.

Chronic disease and disability benefits — the minister already made some reference to making some changes but I'll quote: "The government should consider introducing changes to the Chronic Disease and Disability Program that would result in a deductible and co-payment along similar lines to the drug programs that currently exist in the provinces." That's page 17.

Perhaps I'll phrase this a little differently than I intended to. Is the minister open to the idea of changing the current practice, in terms of the deductible and co-payment, and making it more in line with perhaps what exists in other jurisdictions, based on what he hears when he does the public consultation? Is he open to possible changes?

Hon. Mr. Hart: I'm being cooperative for the member opposite. When we get the information back from the general public with the results of the report, this government will be open to all the items that are in the report that have been identified by the general public. We are here trying to provide the services to the general public. Again, the best services we can provide to the general public will be provided. It will be important for us to follow through with that. Of course, we will be open to suggestions that come forth in the review.

In addition, as I said, during that period of time we will be looking at ways to improve our own efficiencies in some areas, and hopefully we can incorporate some of those to reduce this intended gap by 2018 that is identified in the report.

In essence, we'll go forth. As I indicated, there will be some items we'll work on. As I said, we have already started to do some work on the chronic conditions we're working on and these are just some items we're working on and will continue to work on.

I already mentioned the tobacco cessation promotion that we're working on, again, with the tax that I alluded to. We're also doing the nutrition to reduce obesity program that's currently underway. So these are but a few, and I mean, they're not huge items; as the member opposite indicated, they're not specific to the ones that he's discussed, but we are working on some of the items that are in there, and the things that we think that we can handle and work with within the department and that, again, will improve on the efficiencies of the system overall.

Mr. Mitchell: I do appreciate that the minister has indicated that some of the items in the report, such as the tobacco strategy, where there has already been some direction from all sides of this Assembly to move forward expeditiously — it's

good to hear that the department, under the minister's direction, is doing so. But this report, if the bulk or any major group of its recommendations were to move forward and be implemented, would be a major change in how health services are provided in Yukon. I hope the minister will indulge me as I continue to question him on it, because as the minister, he sets policy for the department and he's the person we really want to hear from. A report is just that, unless it's implemented.

I'll ask a couple more. Seniors health benefits — Pharmacare and extended health: "The government should consider introducing changes to the Seniors' Pharmacare and Extended Health Benefits Program that would result in a deductible and co-payment along similar lines to the seniors' drug and extended care programs that currently exist in the provinces." That's page 18 of the report. I would ask: is the minister in support of introducing these changes to seniors' Pharmacare and extended health benefits that will lead to higher drug costs for seniors? I think the minister must know whether he would support such a thing or not, so it's kind of a yes or no.

And I'm going to move on to one more. Health insurance premiums: "The government should consider the introduction of health care premiums to assist in financing the increasing cost of existing health care services in Yukon and to fund the expansion of any new health care services." That's from page 19. Does the Health minister support implementing health care user fees — yes or no?

I think that is a direct question and — on a question that is so basic as that: yes or no to health user fees — I think the public is entitled to hear the minister's response.

Hon. Mr. Hart: For the member opposite, with regard to Pharmacare, I think in relationship to Pharmacare, specifically for seniors, we are working on a national basis for our Pharmacare strategy. All jurisdictions are trying to work with the federal government on trying to come up with a strategy that will deal with pharmaceuticals right across — something that can be standardized through all the jurisdictions and territories.

So that is out there. We are working on that particular aspect but we obviously haven't got approval yet. We haven't been able to get Ottawa to that magic approval stage, yet. We are all working on that to get there. That may come about, Mr. Chair; that is a possibility that it could come. With regard to Pharmacare, I think that right now we are exploring all the possibilities that are available to us to keep the costs for pharmaceuticals in Yukon to a minimum for those who require them, and especially for seniors.

With regard to health care fees, I guess I will state for the member opposite that the Premier has unequivocally said no, he will not support the institution of fees for health care. That's what he has said. So I will defer to that statement that has been made in this House several times.

Mr. Mitchell: I thank the minister for those two responses. It sounded like, on the first one, we'll look to see what's developing nationally and try to follow suit. And, on the second one, the minister is going to support the Premier's definitive no. So at least we have answers there.

I have more questions from this report. Continuing care: "Where projections indicate a future demand, the government should continue to invest in expanded home care, community support programs, and supported/assisted living.

"Intervention and care at this level is proven to keep individuals out of the acute care and facility-based long-term care system..." I will state that's a quote, that there is more to the paragraph but that is where I have ended it. What I want to ask the minister is — from page 19 of the report — what plans to invest additional funds in expanded home care, community support programs and supported/assisted living to increase capacity in these areas does the minister have? I am not looking for a recitation of what has been done up until now but rather, does the minister have new plans, any of which may be reflected within this budget in terms of the beginning that he could inform the House of where there would be an expansion in these areas?

I do agree that there is a need to do so because I think it is important that we keep people living in their own homes and then within as self-determined — if that would be the term — an independent form of living as we can, rather than going dramatically from people who can no longer live on their own in their home into a very managed facility. I think this is a progressive view of providing these support services and I am wondering what the minister can tell us about his plans to continue doing so.

Hon. Mr. Hart: As the report indicated and as the member opposite indicated, it is obviously very important if we can keep people in their homes as long as possible. I think it's incumbent upon us and it is also part of our platform to ensure that we provide assistance, where possible, to ensure that home care is provided. We have an excellent system right now under home care. Mr. Chair, I can actually attribute that personally, myself. I have utilized home-based services myself and I can honestly attest that it is more than excellent. It has provided services I didn't even know were available to me.

I will state that, also, I have had discussions with people in the rural communities on this subject and our home care is very good even for them. We have made some adjustments in some areas under home care to accommodate some of our rural areas with their concerns — especially when it comes to weekends and stuff like that. We have made some adjustments. Again, I think that demonstrates that we are continuing to monitor our home program; as an ongoing situation, we're assessing our needs as they are required and are making adjustments here and there to make the services available.

As the member opposite probably knows, in some areas they need lots of home care; other times, they won't, depending on the cycle. Some small communities will need lots of home care for two or three years, then all of a sudden they only need half. In that event, we reallocate some of those services to other places that are in need. We make movements around to adjust it so we maximize the use of our home care throughout the Yukon.

Mr. Mitchell: I would also like to note that our family also made use of these services a number of years ago and they are excellent services. There are services that exist we didn't

know existed either, until we needed them. I thank the minister for that answer.

Moving on with the report, collaborative care models: “The government should proactively encourage the expansion of collaborative (or team-based multidisciplinary) primary health care delivery model where it can be demonstrated that the model will work with chronic care patients and/or in clinical models, in an effort to ensure better and accelerated access to primary care in a more appropriate and more cost effective manner.” That’s pages 19 and 20 of the report.

The Health and Social Services minister, in responding to my last question on continuing care, made reference to his party’s platform going into the last election. This is a recommendation that was not only in his party’s platform in the last election but was also in the Liberal platform in the last election. I’m not certain whether or not it was in the NDP platform but, when the NDP critic gets into the debate, he’ll probably tell us.

It was certainly a major plank in our platform and it was a plank in the government’s platform, so the question would be, why has the government, which promised this in their 2006 election platform, not made more visible progress with implementing this model? We indicated our support; what’s the holdup? Now that the government is in possession of this report that again endorses moving forward with this, I’m wondering whether the minister has some timelines.

I know that this has involved discussions with a committee; I know it has involved discussions with the Yukon Medical Association, the Yukon Registered Nurses Association and others, and I’m wondering if the minister can update us on where this is going — and since there’s more than one way in which such a collaborative model could be implemented — it could be implemented by funding health care practitioners, or providing for them to do this within a practice established by health care practitioners; that is, we could leave it to the doctors and the nurses and the physiotherapists and the licensed practical nurses and so forth to get together, rent a building, rent building space, and put together such a collaborative clinic with government funding supporting them in that, or the government might locate an appropriate facility, perhaps even look toward building a facility, attached or on the grounds adjacent to the Whitehorse General Hospital, for example, if we’re talking about doing this in Whitehorse — so I’m wondering if the minister can tell us what direction they’re moving toward actually implementing this, since it is a platform commitment of theirs, not only ours.

Hon. Mr. Hart: For the member opposite, I agree with many of his comments. As I stated, we are already working on the collaborative care issue as something that was identified in the report, and we have been working with it. Those involved — and he has indicated the group there — we have hired some Outside expertise. Obviously we’ve been having some difficulty putting a steering committee together, and that is why we’ve gone Outside to get this expertise to help put this together.

We anticipate a meeting sometime in January to take place. We’re looking at a variety of options; we’re looking at moving in several ways. We’re looking at a diabetes collabora-

tive; we’re looking at work to offer more practice; we’re going to deal with areas — working with the doctors to see what other ways we can provide a thorough practice throughout the process. And we’re also looking at the possibility of a collaborative clinic. As the member also notes, when the report came out recently, I believe the chair indicated that this was something he was interested in — or he felt it was something that should be looked at versus the fees that were indicated in the report.

So I’ll be interested to see what his take is when we bring forth this issue with the chair and see if we can move forward on this issue, because it has been a difficult task to move the steering committee forward. And, as such, we have taken the step to bring somebody in to help move it along. As I stated, we hope to have our first meeting with the group sometime in January, probably near the end of the month.

Mr. Mitchell: I thank the minister for that update. It sounds like there are some positives in what’s occurring. I take it that the holdup is related to, in some part, ensuring that there is buy-in from all levels of health care providers within Yukon. I’m hoping that the minister can provide some clarity. It’s fine to bring in an outside expert, but unless that expert is basically hired as a facilitator, we need to get the buy-in, obviously, from all of the health care providers, be it doctors, nurses, LPNs, physiotherapists, pharmacists and so forth.

It would appear to me that, as we look at an aging demographic in Yukon, we have an increasing number of people — as we’re all aware — who are choosing to retire in Yukon and spend their senior years here. There’s no doubt that, as we age, we tend to have somewhat more complicated health care needs than when we’re younger. We find that we end up with actual ongoing prescriptions; we end up with other issues; we end up with muscular-skeletal problems that didn’t seem to be the case when we were all young and fit and out playing sports and having that devil-may-care attitude that we perhaps all had a few years earlier.

In particular, there will be cost savings, and a better quality of health care can be provided to seniors in particular, when they can have a little bit more of a one-stop shop and not see a general practitioner, get a referral to see someone else, have it take three weeks to see that person, then get a referral to yet another person.

I’d ask the minister if he can provide us with yet a little more of a timeline. He said he’s hoping to get this steering group going in January. Does he have a suggested timeline for where it moves from there, or is it just, “get the group going and see where it goes”?

Hon. Mr. Hart: I’ll try to be as direct as I can with regard to some of his questions on this issue. With regard to the committee, yes, it’s very important that all groups are together on this issue. It’s often difficult to have different professions meet and agree on something; thus the reason we have hired this individual, who has skills that are necessary to put groups like this together and come up with options or agreements they can all agree to and then move forward.

With regard to extending the deadline, I can’t give the member opposite any further deadline than I have, because

until such time as they have their meeting and they determine what the next steps will be, how they're going to meet, when they're going to meet, what issues they have to climb the mountains on and which ones will be settled, which will be compromised — that will determine how long it will take.

At least it's a step in the right direction. It seems to be something that's acceptable to all the parties. It's just a question now of getting the parties together and hoping this individual can facilitate this group and get them into a working situation in a manner that can provide options that are applicable to the Yukon, affordable to the Yukon and meet the needs of Yukoners — which are, again, all important items that have to be taken into consideration.

It's easy to say we can build this facility, but we have to be able to afford it. It has to be manned properly and, depending upon what structure it will be, whether we have to do special legislation for licensing and registration and things like that. These things all have to be worked out. It's not going to be a quick-fix item that will be here tomorrow, but I'm hoping it will be an item that's well-thought-out and put together by the medical professions involved, and which will provide services to Yukoners who need them.

As the member opposite indicated, we are all aging. I believe the member opposite has a room at Macaulay Lodge with his name on it, and it is right next to mine. Hopefully, that is a few years away for both of us.

It is an important aspect. I think it is a situation that is being handled and it being borne right across the country. It is not something that is specific to Yukon. It is something that is being attributed right across the country. I would say, Mr. Chair, specifically in areas that are smaller — for example, northern Ontario and the small provinces are experiencing the same difficulty we are. Although it may not be a new type of option, it is still something that has to be put together. It has to be something agreed upon by the local professional fields in order that the services can be provided and that Yukoners can take advantage of it. I will say that the key thing is to take advantage of it. It is affordable for us, and it's something that can be managed by us.

Mr. Mitchell: I do thank the minister for that response. We can certainly read between the lines and recognize that there are challenges in moving in a new direction, and I commend the minister for forging ahead. I wish him success in the new year with the facilitator. I recognize it is a challenge, and it's certainly not my objective today to hasten the minister's arrival at Macaulay Lodge any sooner than my own by the line of questioning, so I think we'll move on. Nevertheless, the minister is right when he says that we are both looking toward spending more years in Yukon.

I'll move to another area of the report. I'll try to do this in a coordinated way. We'll get through this report first and then move on to other areas. Medevac services procurement: "The government should consider the public tendering of the air 'medevac' program including allowing competition from providers not currently located in the Yukon." That's on page 24. I would note that it used to be the practice to put this contract up for either open or invitational bid. In recent years, it has been

sole-sourced to one provider, who, I will note, has provided excellent service.

But, nevertheless, from a cost basis, I would have to ask: why did the government change the previous practice, which in terms of putting it up for competitive bid, one would think, would have led to the lowest cost for Yukon? Will the government now accept this particular recommendation and be putting the next contract when it comes due out to tender as opposed to — or is this one of the recommendations that needs to go out for public consultation? It would seem that trying to get competitive bids might produce savings in this area — recognizing that we have to ensure, of course, that the successful bidder has ability to provide the service.

I will just let the minister answer that. Thank you.

Hon. Mr. Hart: I will advise the member opposite that we have tendered the medevac facility in the past. It has been tendered. In one instance, for example, the tender was accepted from an Outside firm. Unfortunately, the Outside firm wasn't able to provide the services required.

It is imperative that the medevac have facilities directly here in Yukon, have the appropriate air equipment, have the appropriate medevac equipment that is required. I will state on that issue that it is very expensive equipment to put in a plane. I would also state that we have also tendered out the facility locally and we ended up with what we have today, the same medevac provider. The other thing that is important for us to understand is that it is important for the airline to know what it is like to fly in the north. I will remind the member opposite that for Arctic Winter Games, we hired a firm from Florida to fly our kids to Iqaluit. The airplane showed up in Whitehorse — nice big, beautiful plane — and the kids got on it; everything was fine. Got to Iqaluit, 40 below — guess what? Hydraulics froze up.

This plane wasn't made for flying, and neither were the pilots. They had no idea how to fly and land in the north. They were really out of it. Consequently, we obviously went to Air North the next time to avoid that problem. I will state that flying in the north is a difficult problem. But it's not just medevac from Whitehorse to Vancouver; it's medevac from Dawson, Old Crow, everywhere else in the Yukon where we have small airports and landing strips to land on. It's very difficult for somebody in Vancouver to get the mindset — you know, I could deal with the landing at the Vancouver Airport and all of a sudden I have got to look at the landing strip at Pelly. Big issue.

Anyway, the issue with regard to the medevac is something that we've struggled with for a long time. We have tried to, as I said, go out; we have tendered it locally to see what we would get, and thus it's there. The report indicated that that's a good possibility; it's something that we'll probably go out and seek the input of the general public on. I don't see any issue on that right now.

Currently I remind the member opposite we have to provide the service. And right now I can't jeopardize that service on the pretense that we might save a dollar if it's with somebody else. So currently we will maintain the service we have, we'll find out what the general public has indicated, and then

maybe we will look at that situation, as I indicated. We will look, depending upon the results of the survey. We're open to all things that are going to improve or reduce the cost to Yukoners but not limit the service that will be provided to Yukoners.

We have a very good medevac service here in the Yukon right now. It's more than well used. All you have to do is look at our budget in medevac over the last six years. As the member opposite indicated, we have an aging population; thus, it's going nowhere but up. We are also very fortunate that we are reducing some of our costs from having to send people out to Vancouver and Alberta. We have secured specialists to come up to the Yukon to handle knees and cataracts and other specialized forms of medicine. Thus we are able to accommodate many patients versus sending them out one at a time.

Obviously there are some issues that we will never have enough volume to accommodate — thus, economies of scale will dictate that we have to ship them out, although I would just like to point out to the member opposite again that we have tendered it out in the past. As I stated, at times success was not very good with the Outside firm. The member opposite did state to ensuring they have the equipment. Again, it's important to look at, and that's something that we could do, if the people ask us to go out and specifically do that — with an Outside firm. But we do have local airline firms here, and I think, as the Government of Yukon, we have to look at that particular interest in dealing with the situation. Depending upon what the results may be, we'll have a look at it.

Mr. Mitchell: For the record again, I agree with the minister that we receive very excellent service from a local and knowledgeable firm, so there is no dispute between this side of the House and the other on that. I guess I would say that, recognizing the minister cited an example of a one-time contract for the Arctic Winter Games with the firm from Florida that he mentioned, and the freezing hydraulic fluid, I think that is probably a different scenario from a contract that is let for several years. I would suggest that there may be more than one firm within Yukon that would have the ability to bid and, also, there are other areas in northern Canada that must have these services in place where they also deal with cold weather.

Just as the minister mentioned, going to Iqaluit, I think it was, obviously they must do it as well, so the expertise probably exists within Canada, in terms of northern flying. As far as having the proper knowledge of flying in the north and the terrain and the cold weather, I would think that would be part of the terms of a tender. There is nothing that precludes the government from stipulating that northern flying, experienced cold weather flying — for the pilots, the firm and the equipment — has been proven and demonstrated — so that could be done.

The minister said he wasn't going to do it to save a dollar and I would be happy to provide the dollar if we are only talking about one dollar. We know that cost is not the only driver — that obviously the level of service is first and foremost what we are talking about. If it did go to tender, I would think that the AIT, the agreement on internal trade, might actually preclude being able to eliminate outside firms from tendering in any case. I'm not sure that we have the ability any more to say,

“must be a Yukon company to tender on contracts,” if they go to tender.

I will move on. Again, from the report, I have only got a few more things that I will probably bring up today from the report because there are other areas that I want to get to and we're never sure when Health and Social Services might next be called.

Drug procurements — on page 24, it says, “The government should closely examine its options related to the reimbursement costs for prescription drugs (including bulk tendering) and initiate a negotiation process with representatives of the community pharmacists to achieve a new price and reimbursement arrangement. If that is not successful legislated pricing should be considered.”

I would note for the record that this recommendation also appeared in the *Report on the Audit of the Pharmacare and Extended Health Benefits Programs*, dated May 13, 2008. So the government has now received this recommendation in two reports: the internal audit that sometime, I would imagine, fairly close to May 13 the government would have had access to, and now this health study.

Is this something that the government will now move forward to do, and therefore hopefully reduce prescription drug costs to Yukoners and to the government in so doing? I did ask a similar question in Question Period regarding just the audit, but I guess I'd like to hear — I know the minister said that the expired agreement stayed in effect as long as the government and the pharmacists continue to honour it, but I'm looking toward: will the government now move forward to renegotiate an agreement in the interest of trying to reduce costs?

Hon. Mr. Hart: With regard to the agreement: yes, it is 11 years old and it has expired, but there's no obligation to renew. It has been operating, it's there and we're operating under the guise of that agreement. But I will state also that, again, we already previously touched base on this particular issue. We are looking for a national strategy as it relates to Pharmacare, and again, working with the federal government on this particular issue.

We had some gleam of, shall we say, light in September of this year when we spoke with the federal government on this issue, and there seemed to be some movement, but of course we've had a change of minister since that time and as I indicated, depending upon the situation that arrives, we will continue to move forth as a jurisdiction and try to see if we can make some advancement in this area that will hopefully provide a reduction in cost for not only just Yukoners but all Canadians.

And again, no matter where you live in Canada, this will result in a large savings and we are pursuing that matter and going forth on that issue.

Mr. Mitchell: I think the minister answered a question that's sort of 10 degrees off the question I asked; it is related, and it's part of the picture, but the minister is talking about working nationally to come to solutions on this issue of the cost of prescription drugs. I would concur that that is something that needs to occur but I was specifically asking about the agreement that currently is in effect within Yukon.

Every jurisdiction has their own agreement, and the audit report to which I refer, the internal audit, indicated that ours was pretty much the most expensive one. And so what I was asking — I mean, without finding the page, my recollection, I believe, is that we pay the wholesale cost plus a 14-percent markup, plus 30 percent on top of that, and then there's an \$8.75 procurement cost, but I may not be using quite the right terms — unless I go through and find the section within the report. So I guess what I'm asking is: will the minister be moving toward trying to negotiate a better deal for Yukon, or is the minister taking the position that first he wants to see a national strategy come into effect?

I've found it; it's on page 12 of that report. In Yukon, it's the actual acquisition cost — referred to as AAC — plus the 14-percent wholesale markup, plus the pharmacy markup of 30 percent, and then — so I did actually have the right numbers in my mind — and then there can be, I believe, an \$8.75 dispensing fee.

I'll ask the minister again for clarity: is the minister suggesting that, rather than moving toward negotiating a new agreement, he wants to work on a national strategy with his colleagues across the country first? Or, is he suggesting that he wants to take this out to public consultation first? Or, is he going to move simultaneously toward negotiating a better deal for Yukoners in the interim?

Hon. Mr. Hart: As I indicated previously on this issue, we will definitely be taking this out to the general public for consultation. But with respect to dealing with the pharmacy on a local basis, I think we have to look at the options that are available to us, in addition to pursuing the national strategy. The national strategy is obviously something that we are going to strongly move forward on, along with the other jurisdictions.

As I indicated, it will provide a significant benefit for Yukoners — in fact, for all Canadians. But as we look at what the member opposite was indicating — the cost in Yukon with respect to its markup, et cetera, we have to look at what the options are for us. We're going to deal with that particular aspect.

And we have to look at the impacts it will have on our local pharmacies and the business they provide here in the Yukon and, in particular, the communities. So it's a very important, shall we say, grocery store for many Yukon citizens who require medication. It's not simply a case of looking at, "Oh, it's a markup of 40 percent. It's the second highest in Canada" — or the highest or whatever. The problem in the Yukon is that for many of the things — there is transportation, obviously — it's volume.

Some of these pharmacies are only able to purchase their product in a volume they can get it in, or else it just costs them an arm and a leg to get the product also. Thus, you have a variance in a product in the Yukon versus the same product in Manitoba or Alberta.

In addition, pharmacies such as London Drugs and these other larger corporations have discounts and provide low-discount pharmaceuticals to their clients. Our pharmacies just don't have the opportunity to do so because they don't have the volume with which to offer that discount.

So it's not just a plunk and here's an easy solution; it's something we're considering right now. We're looking at options available to us in addition to pursuing the national strategy, which is still our main push. But we are looking into that issue and will be taking that information out to the general public.

Mr. Mitchell: We do recognize there are economies of scale involved, although we also have the Northwest Territories, a similar size to us, which appears to have a slightly lower cost, and P.E.I., which is not a large province. We're just looking to see if we can get some better deals for Yukoners, that's all. No one is looking to put pharmacies out of business here, Mr. Chair. That's not the plan but it's the report done by these professionals that is making the recommendations, and we're asking questions about the recommendations.

I have just a couple more from this report and then I'll head elsewhere this afternoon. In terms of financing opportunities, "The government and/or the Hospital Corporation may wish to consider the use of P3 for future health construction projects that adhere to the GAM policy 1.19, which establishes a clear process for an organization to use in identifying, evaluating, selecting and entering into a public-private partnership."

In the past, the Premier has made what sounded like unequivocal statements regarding the Government of Yukon, that the government will not be entering into a P3 project for health care, education, schools or for the construction of a correctional centre. It seemed that was ruled out; however, we know we have this sort of arm's-length situation with the Yukon Hospital Corporation that's not necessarily bound by the Premier's statement on behalf of government.

However, the government is providing the bulk of the funding to the Yukon Hospital Corporation and this report has co-authors that include both the chair of the Hospital Corporation and the Deputy Minister of Health and Social Services, who are aware of the statements of the Premier.

I guess the obvious question for the Health minister: is the government considering or open to considering using P3s or public/private partnerships for the provision of health care at the Whitehorse General Hospital?

Hon. Mr. Hart: For the member opposite, with regard to P3s, I believe it is in the report — looking into the possibility. I think the Premier has previously stated here on the floor that P3s are not an option for a government facility — whether it be a school, a hospital or whether it be anything that is of our process with regard to dealing with the public entity.

Mr. Mitchell: I thank the minister for the definitive answer. From the report on page 25, regarding accountability — I thought this was a very interesting statement to find in a report co-authored by the deputy ministers of Health and Finance and the Chair of the Yukon Hospital Corporation and the former deputy ministers of Health and Social Services and Finance — "To improve accountability, the Minister of Health and Social Services, in consultation with the Board Chair, should be providing the chair and Board of the Hospital Corporation with an annual letter of expectation that provides the Hospital Board with a written mandate and articulates the Min-

ister's expectation for the board, as well as the Minister's obligations to the Hospital Corporation."

"The Department of Health and Social Services should continue to develop an accountability plan on an annual basis for the Government and Minister that identifies the Department's strategic direction and planned actions to achieve that direction." I am a little surprised to read this one because I actually just presumed that the Minister of Health and Social Services, in consultation with the board chair, would already be providing the chair and the board of the Hospital Corporation with an annual letter of expectation.

My question for the minister: is this something that actually isn't already occurring and needs to occur? If so, I don't think this one needs to go out to public consultation. It is a recommendation for the minister. Would the minister tell us whether he intends to move forward expeditiously with doing this? Or perhaps he is already doing it and the report simply didn't indicate so.

Thank you.

Hon. Mr. Hart: Mr. Chair, for the member opposite, on this particular issue the government provides funding via a contribution agreement to the Hospital Corporation. The contribution agreement provides all of the information and requirements that we expect of the Hospital Corporation in carrying out its duties and providing health care to all Yukoners.

Mr. Mitchell: I'm going to take it from the minister's response that the minister, I believe, is indicating that the contribution agreement already lays out the expectations and would be sufficient, and there's no need to go further, as recommended in the report.

I think the report elsewhere — and I don't have that particular statement tabbed — makes a recommendation that, annually, the Hospital Corporation should be reporting back to the Legislative Assembly. I would hope that that's something the minister would consider. I don't have that tabbed, so I'm going to have to look for it later.

I do have a couple more questions from this report. One of the recommended actions is, "The government should examine if the transfer of Watson Lake Cottage Hospital to the control of Yukon Hospital Corporation will improve the alignment of responsibility for acute care service delivery in the Yukon and in doing so also improve the effectiveness and efficiency of these services."

I want to state for the record that, if it's found that this will improve the effectiveness and efficiency of these services, we have no problem with that on this side. However, there has been a lot of controversy around the Watson Lake Cottage Hospital or its potential replacement, and I would hope that this would not become a means for ending up with the opposition members not having the ability to ask questions about the Watson Lake hospital, because what has happened in the past, of course, is that we had great difficulty asking questions about Whitehorse General Hospital when the public came to us with concerns.

I guess I'll just ask the minister whether this is something that is going to go out for public consultation, or if this is something among those recommendations that the government is

currently working on, as he indicated at the beginning of the afternoon's debate.

Hon. Mr. Hart: The project in Watson Lake is currently being handled by the lead branch of Property Management, which is dealing with the Watson Lake hospital itself and whether or not the new facility will be taking place there. Engineering work and other geothermal work is being completed there and the results of same will be provided by PMA prior to moving forward on the building. Again, Property Management is the lead on that particular building at the current moment.

Mr. Mitchell: Well, since I've raised the question of the Watson Lake hospital — this is a difficult series of questions to get through, Mr. Chair, because the name on the building that doesn't exist, or is not yet open, has changed over time. It started out as one of two multi-level care facilities, and it was identified as such in a budget speech several years ago and then in several successive budgets.

It started out in the Department of Highways and Public Works, and then it went to the Department of Health and Social Services. And even in this supplementary budget there is reference to an adjustment from \$6,950,000 for a health centre in Watson Lake that we approved in the main estimates in the spring, and a reduction now of \$6 million, with a revised vote for the current year of \$950,000.

Now, in May, during general debate on Health and Social Services with the former minister, the minister indicated — and I'm just going to find the quotation here. It was on page 2846 of *Hansard* on May 6, 2008, and I will quote. The former Health and Social Services minister said, "With regard to Watson Lake and the health centre project that has been underway, the cost to date, as of the last update I had, was \$4.4 million."

Now, that was as of May 6 and it was the minister saying as of the last update, which was probably a few days earlier than May 6. As of the end of the previous fiscal year, March 31, 2008 — because I believe it was on April 1 of 2008, and I don't have that *Hansard* in front of me but I do recall it was April 1, the former Health and Social Services minister indicated that, at that point, some \$4.1 million had been spent to date — so that would have been money spent in the previous fiscal year, ending March 31, 2008, the 2007-08 year.

Can the minister tell us, of the \$950,000 in revised vote that we have in front of us, how much of this money has, in fact, been spent to date that we can add on to the \$4.1 million or will be spent in order to complete — not to complete construction of the multi-level care facility, because that is not going to happen at this point, but I guess to complete cladding it to weather to the point where this item will no longer appear within this minister's budgets?

Hon. Mr. Hart: As I stated previously, Property Management is leading this process with regard to this facility. I can provide the member opposite with the fact that there will be about \$380,000 used to finish the contracts with regard to this shell.

Mr. Mitchell: I just think I'm going to need a little more clarification of that, Mr. Chair. As of March 31, we had spent \$4.1 million according to *Hansard*. As of May 6, we had spent \$4.4 million — so that is \$300,000 spent between April 1

and May 6. Is the minister saying that, out of this \$950,000 — since presumably that \$300,000 that the former minister said had been spent by May 6 would be out of this \$950,000 — is there only going to be another \$80,000 spent, for a total of \$380,000 being spent in the current fiscal year from April 1 through now, or through to when the money stops being spent? Or was the minister indicating that another \$80,000 will be spent? How much of the \$950,000 total, in the current year, is going to be spent on this project?

Hon. Mr. Hart: As of right now, \$4.6 million has been spent on the building, including the \$380,000. We anticipate the temporary siding on the shell to be approximately \$100,000, and we're also looking at additional funds for review and design of the facility.

Mr. Mitchell: So, \$4.6 million has been spent; another \$100,000, bringing it to \$4.7 million, and then additional funds for design, which brings it to how much?

Hon. Mr. Hart: Roughly \$4.9 million, Mr. Chair.

Mr. Mitchell: At that point, when the \$4.9 million has been spent, I take it it'll be clad to weather, with temporary siding of some sort on the facility, not the permanent siding? This is just based on previous statements that have been made. What will be the state of the building at that point? The building will then have a heating system in it, clad to weather? Where is this building at in terms of functionality?

Hon. Mr. Hart: The facility will be clad to weather.

Mr. Mitchell: Is there an operating heat source within the building, and if so, is it permanent or temporary?

Hon. Mr. Hart: There is a temporary heat facility within the building.

Mr. Mitchell: Clad to weather: are all the windows and doors in place or is there some temporary boarding of openings, as well, in the building?

Hon. Mr. Hart: All doors and windows are in the facility.

Mr. Mitchell: There is, of course, the request for proposals, the tender that appeared on the government's Web site late this summer or early fall regarding requests for proposals on looking at the existing structure and determining if the structure might be suitable to be converted into a hospital — a replacement for the cottage hospital that currently exists in Watson Lake. I don't have that report in front of me — although perhaps my staff may send it in. By recollection, there was a \$25-million possible budget for that conversion — that is above and beyond the \$4.9 million that will be spent when it's clad to weather with its temporary heating and, I presume, lack of completed plumbing and other such internal structure.

That report indicated a number of challenges that the consultant would have to address in determining whether or not the structure, the shell that is there now, would prove suitable for conversion to a hospital, because this is not a structure that was purpose-designed to become a hospital. By recollection, some of those challenges included the location of what would have to become the emergency and admitting areas not necessarily being on ground level, which would lead to either some form of ramping having to be built or external ground elevations being changed.

There were questions about the size of door openings within the structure. There were questions about the size of elevator shafts within the structure and whether those same shafts would be suitable for a hospital as they may have been for the intended purpose of a multi-level extended care facility. There were questions having to do with where plumbing was located in the concrete slab and the possible need to rip up the slab to replace the plumbing and the drainage, to relocate kitchen facilities and other facilities within the structure, should it be used as a replacement for the Watson Lake Cottage Hospital. And there was a question about reports of possible mould within the existing structure. These are just some of the issues that were in the request for proposals that went out to tender.

Now, I know that the minister has reported that the local architectural firm of Kobayashi and Zedda Architects Ltd. was the successful bidder on this request for proposals to take a look at the suitability of this building. I'm wondering if the minister can provide an update. I recognize that the lead on the structure is now the Department of Highways and Public Works; however, what we're talking about is the provision of health services by building a major new hospital in Watson Lake which, if we look at the \$4.9 million already spent and the suggested price tag of \$25 million, it pretty much brings us to \$30 million, and that \$25 million didn't include any equipment or furnishings whatsoever. It didn't include chairs, tables, gurneys, hospital beds, X-ray machines, or any other specialized equipment. So we're looking at \$30 million, plus probably another 20 percent or so to furnish the hospital. We could be looking at a \$36-million project to provide health care to Watson Lake.

Now, I want to assure the minister that we on this side obviously agree that the people of Watson Lake deserve good health care. The question becomes: is this the best use of this existing building? Or are we better off in the long run, regardless of how much money has been spent on an existing structure, to design a ground-up, purpose-built building, the layout and design of which — including the location of admitting and emergency areas, elevator shafts, kitchen facilities and so forth — has been designed from the beginning to be a proper hospital?

Can the minister provide us with an update on when he expects to get a final report from the consultants and whether he has had any interim reports?

I'm sure that, since his colleague, who is the Minister of Highways and Public Works, is only sitting some 25 feet away, if he needs to confer with his colleague on any of these questions, we'll patiently wait over here.

Thank you.

Hon. Mr. Hart: With regard to the Watson Lake hospital — no matter where I try to run away to, it still chases me — I will try to respond to the member opposite on some of his questions.

Possible challenges were identified, so solutions were sought as per the RFP, and functional planning is underway. The order of magnitude has not been identified, and it won't be until the review is complete. We anticipate that'll happen sometime in the spring, and we'll know where it is. As I stated

earlier, we are doing geotech work as well as engineering studies on the facility, and including the existing facility. We are looking at all the opportunities to maximize the use of the existing facility, in addition to ensuring that we maximize that facility in conjunction with the facility that's attached or near the existing hospital. That is what is being sought right now. Again, when it comes to building, Highways and Public Works is the lead, but we are looking at this facility with the possible aspect of turning it into a cottage hospital and providing full services as a cottage hospital, as it was designed for back in 1978 for the Town of Watson Lake. As I stated earlier on many other questions with regard to the review, it's important that we provide first-line services of health care to all Yukoners. Regardless of where they live in the Yukon, it's important that we give the best service possible.

Mr. Mitchell: I just want to point out for the minister's benefit that no one is disputing the importance, the obligation, the requirement to provide first-line, first-class health care to every Yukoner.

It's not always pleasant, Mr. Chair, and it is not always easy to ask these questions, but our job on this side of the House is to hold the government accountable for how it spends public money in achieving the goals. We can often agree on the goals — providing first-class health care. We may not agree on the efficiency of how these goals are being accomplished or not accomplished. I just don't want to spend any time this afternoon having a debate on whether the citizens of Watson Lake are entitled to good health care, because they are. We can agree on that. The question becomes whether we are spending money well to accomplish that goal, and that becomes very questionable in how this project has proceeded.

We know that the Auditor General pointed out in her report that there were some real problems in the Highways and Public Works property management branch regarding how this project came to be. We know, as the minister knows all too well, that this project has bounced from department to department. I would hate to not ask these questions of the minister responsible for Health right now when I see \$950,000 in this budget, because we might be talking to the Minister of Highways and Public Works next week, and we might get an announcement that morning that says that it has been transferred to Health and it is too late to ask the questions. I can see the minister is looking upward and saying, "Please God, no, perish the thought." But it has certainly bounced back and forth more than once already.

We only have seven more days in this sitting — at least one of which — tomorrow — is an opposition motion day, so we have six more days in which to possibly debate this budget. We don't have the schedule of how that is going to occur, Mr. Chair, so we have to take every opportunity to get our questions in. I will tell the member opposite that if he wants to arrange to send over a schedule for how debate is planned for the remaining six days, it might help us to ask our questions in an organized manner, and he might have to answer fewer of them. Failing that, when we have a budget item, that is our opening to ask the questions.

I just want to be certain that I heard correctly — what I think the minister said in his last response is that they were awaiting the report; they would then review the recommendations of the report, and this would include seismic engineering that's being looked at in terms of the old structure as well as the new structure that's there — obviously, suitability of the new structure, and what could be done with the old structure. He kept saying "the existing structure," and I'm trying to be certain which structure he's referring to. I think when he said "the existing structure," because he added "that has been there since 1973", that's obviously the old existing hospital. Is the minister telling us it's possible that what may be done is to go back and look at renovating the existing Watson Lake Cottage Hospital to remain the Watson Lake Cottage Hospital, or is he saying to see what function it will have on a go-forward basis? And is it yet possible that the new hospital will not be encased in this \$4.9 million temporarily heated shell that currently exists in Watson Lake, but will be yet some other structure?

Hon. Mr. Hart: With regard to the Watson Lake hospital, as I indicated earlier, when the review is completed sometime in the spring, the assessment will provide us with a go-forward step on both facilities — the existing hospital, which is the building constructed in 1979, and the building that is adjacent to it, which was recently constructed and is intended to be the new hospital.

When that review is completed and the analysis is provided to us, we will move forward based on the recommendations provided to the Department of Highways and Public Works who are the lead on this program.

Mr. Mitchell: I am going to leave that subject for awhile, although I might come back to it. But I'll give the minister a break on that one, even a few minutes in advance of the break that we'll get here shortly.

But staying on a similar subject, only one line up in the budget, under continuing care — there is \$60,000 in this supplementary budget for the multi-level care facility in Dawson City, and I see that that one hasn't morphed yet in name. That one is still called the multi-level care facility.

So, can the minister tell us — this is obviously planning money: is that particular facility still being envisioned as a multi-level care facility? Now this is the facility that is the twin, originally, to the Watson Lake facility, but it never quite got off the ground because three and a half ministers ago, I'll say — one temporary minister and three ministers ago — the minister of the day was re-engineering it a number of times — the minister of the day who was the former Member from Klondike — and it got re-planned right out of existence for a period of time. I think that a year ago we had \$100,000 in planning money — I think in 2007-08, in the main estimates, if I recall that correctly — and now we have \$60,000. What is this \$60,000 meant to be and is this still being designed as a multi-level care facility?

Hon. Mr. Hart: For the member opposite, we are working on the Dawson multi-level care facility and the \$60,000 is for planning. We are intending to replace the current health unit and move it to a footprint beside it. The intent is to

build a replace for McDonald Lodge on the current spot on which the health unit is located.

So we're looking at the planning stage here in order to maximize the efficiency of utilizing the system so that both can take advantage of the planning stage, since they will be in close proximity to each other.

Chair: Order please. Committee of the Whole will recess for 15 minutes.

Recess

Chair: Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 12, *Second Appropriation Act, 2008-09*, Department of Health and Social Services, Vote 15.

Mr. Mitchell: Thank you, Mr. Chair. Here we are all refreshed.

When we left for the break, we were talking about the multi-level care facility being planned or designed for Dawson City, and the minister had just — of course, I don't have *Hansard* available to me yet — the minister had just talked about a relocation and about McDonald Lodge. Could the minister just clarify how many different facilities are we talking about now in Dawson City? Are there two new facilities that are going to be constructed, or one new facility next to an existing facility being relocated? My notes were unclear because I wasn't certain what the minister meant.

Hon. Mr. Hart: First of all, our first objective is to build a new health care unit, and that health care unit will be built adjacent to the current health care unit — just so the member is clear. We are awaiting permission from the City of Dawson with regard to the utilization of the area adjacent to the current health care unit. We've had early indication from them that that will be something that will be granted.

Once that is complete, the intent is that we will finish the health care unit. Once the old health care unit is demolished, then that will become the new footprint for the replacement of McDonald Lodge.

Mr. Mitchell: Is the \$60,000 that is in the current supplementary budget planning money specifically for the first of the eventual two buildings — that is, the multi-level care facility that is going to be built next to the existing health care unit? Or is this money being used to plan also toward this footprint for the eventual replacement of McDonald Lodge?

Hon. Mr. Hart: It's to begin preliminary planning for both. As I mentioned to the member opposite in my preliminary comments, in our quest to be efficient, we're looking at having facilities close to each other. We're looking at the possibility of utilizing the same mechanical, heating or items ahead of time so we're not planning after the fact — for example, in maximizing the utilization of the one unit and taking advantage of it when the other unit is complete.

Obviously the second unit will take some time to get there; thus we have a limited amount of money in this supplementary for that purpose, but it is preliminary planning and it is for both. It is intended for the multi-care facility but it's specifically to ensure we have efficiencies in the planning process to

hopefully gain efficiencies for both buildings — both the intended new nursing station and the replacement for McDonald Lodge.

Mr. Mitchell: That does clarify it and you know I almost think I saw the minister catching himself when he said we want to make sure that we plan it all at once and don't first plan one and then the other like we did in Watson Lake, but he did manage not to say that. It is good that the minister is learning from the past mistakes of others because I don't believe they were the past mistakes of this minister.

Can the minister inform us of which budget cycles they are anticipating building the first facility and which budget cycle they would envision building the replacement for McDonald Lodge, which I imagine would be the longer term and less-definitive date?

Hon. Mr. Hart: For the member opposite, obviously these are pre-planning monies that we have in place right here, right now.

We will be doing specific drawings that will be a process in the next budgetary aspect, with the intention of groundbreaking sometime in 2010-11.

Mr. Mitchell: Looking at the supplementary budget, on page 8-4, young offender facilities: renovations and equipment — \$257,000 in capital. Can the minister tell us what the equipment is that's being bought, or what renovations have been done or are anticipated being done?

Hon. Mr. Hart: I apologize; I'm not wearing my glasses today. Under young offender facilities, the design option is — we have \$40,000 for the segregation room; mechanical systems — \$110,000; fire alarm — \$40,000; painting is \$6,000 and landscaping is \$11,000; and some retrofitting for approximately \$20,000.

Mr. Mitchell: Again in the budget on page 8-6 — I apologize to the minister now that I know he doesn't have his glasses; I could probably scare up an extra pair from our office — under health services, I have a question as to why recoveries in a series of areas have decreased, such as community nursing, patient services and so on. Are there particular reasons why they have gone down? They are not particularly large amounts although there is a larger amount, which is \$332,000 under continuing care. Why has that amount decreased? It is close to one-third what the initial main estimates were estimating on that.

Hon. Mr. Hart: It is basically a decrease in third party revenues — for example, it also could be First Nation status.

Mr. Mitchell: Under family and children's services in the O&M, and I'll just flip back to that myself, there is a decrease of \$391,000 to family and children's services. Can the minister explain where that has come from?

Hon. Mr. Hart: For this one, we just have expected decreases in family services in relation to this. It is just that we have utilization of Help and Hope, the women's transition home, Many Rivers Counselling Services and Kaushee's Place.

Mr. Mitchell: The Premier, in his budget speech on November 24, said, "I'm sure members will recall this government's announcement of new social assistance rates. In this

supplementary, they are included — \$1.4 million — as we deliver on that commitment.” Can the Health and Social Services minister give us a breakdown — in terms of a single person and perhaps a family of four, to use a couple of examples, or he could work his way right through the single person, two people, family of four, et cetera — what the new amounts will be for shelter and for food and for clothing and for other items? Does he have that information? I know he has officials with him.

Hon. Mr. Hart: I’ll just get back to the member opposite with that information. I don’t have it at hand.

Mr. Mitchell: The minister can either provide that in a written response or, since I imagine that Health and Social Services debate may occur on more than one day, he can provide those answers on a subsequent day.

Either one will be fine. It’s just that we want to know what those numbers are because we get asked a lot by members of the public.

We’ve heard a lot of numbers being thrown around and bandied about regarding promotion and retention of health care professionals. I know we’ve heard figures provided about the number of doctors who are currently practising in Yukon and the ratio that has supposedly improved in terms of family doctors providing health care. I don’t know if the department has a way of tracking this. I’ve asked it in the past of the former minister. I’ll use as an example my own family doctor, who is a female physician and is actually part of a group of three physicians who are sharing a practice — two who are primarily sharing it and another one operates to fill in for either of the above.

This is occurring in more and more cases as more and more women are practising medicine. When the minister and I were young people, we probably rarely saw a female physician. Now I think that there are more female graduates coming out of medical school than male graduates. My own daughter is a physician. She, too — because of family commitments — is working four days a week because she has a newborn.

Does the minister have any figures — in other occupations, we use “full-time equivalents”, but I know that wouldn’t necessarily be the term in the medical profession — of the equivalency of the doctors in the Yukon? Many of them are either sharing a practice. We also have a lot of doctors who are reaching the age that they want to wind down their practices, so are practising less than full-time.

Hon. Mr. Hart: In the Yukon, because of many of the reasons that the member opposite just stipulated, it is very difficult for us to provide a magic formula with regard to doctors. Quite simply put, we count the number of doctors and that is the formula that is provided with regard to the population. It is very difficult to determine which doctors were 30 percent, which doctors were 35, which doctors were 40, and so on and so forth, and which doctors work 110 percent and which doctors work 50 percent in their office, 40 percent in emergency and the other 10 percent, even though they are not supposed to be on call, are on call and go to the hospital anyway. So it is very difficult to work out any kind of formula that has any resilience of remedy. So we simply use the number of physicians that we have in the Yukon as how we appropriate for the population.

Mr. Mitchell: Perhaps I will approach this from a different direction. Does the minister have any statistics he can provide regarding the number of orphaned patients, so to speak, in Yukon — that is, patients who don’t currently have a regular family doctor but, perhaps, go to walk-in clinics or see a different doctor each time?

Hon. Mr. Hart: Mr. Chair, currently we do have a system that would enable us to provide the member opposite with that type of information, but we haven’t had any calls through our line, and we still have practices that are taking new patients.

Mr. Mitchell: As I look back in the spring, there were questions that I asked of the Health minister of the day that I’m looking for updates on. One of them is the status of the reopening of the 12-bed wing at Copper Ridge Place, which opened briefly and then closed due to staffing difficulties. Where are we at with that situation right now?

Hon. Mr. Hart: When I came into the position, the nursing at Copper Ridge was my number one priority to work on, and I’m proud to say that I’m hoping that we will have that unit open in mid-January next year so that we can accommodate the seniors who are in much need of that facility.

Mr. Mitchell: Thank you, Mr. Chair. That is good news. We have had that sort of news before from the former Health minister and it didn’t turn out the way it was hoped. Since we are using the word “hope”, we hope that this minister is correct that we are looking toward opening the facility in mid-January.

Moving on to other facilities, we have had the ongoing question and issue of the difficulty of reopening the Thomson Centre for its full and intended use. I know that there are areas of the Thomson Centre that are in use. There are people who are working there and providing various services, such as physiotherapy and other uses that go on in the building. Can the minister update us on what progress is being made and what the plans are for completing the rehabilitation of the remainder of the structure? What will be its targeted use and when does the minister anticipate that the structure will be open with that use?

Hon. Mr. Hart: As I stated earlier, my first priority has been Copper Ridge Place; and when it is open, like you said, and we actually open the doors and people are actually moving in, then I will concentrate on the Thomson Centre and deal with the issues there. I will tell him that, yes, there are people in the Thomson Centre. The facility is being utilized currently by Outside physicians for seeing their clients, as well as for physiotherapy. The hospital also uses some of the offices for their programming in that process.

We are negotiating with the Hospital Corporation on the possible utilization of the Thomson Centre but right now that is exactly where we are, strictly in consultation with them. Again, right now, my focus will be on Copper Ridge Place and once the doors are open there then we will concentrate on dealing with the Thomson Centre.

Mr. Mitchell: I think the minister just indicated, to use an allegory, that he prefers to eat his peas and then his carrots and the move on to his potatoes, but there’s quite a lot go-

ing on in health care and I would hate to think that we're not going to be able to address all of these issues on an ongoing, simultaneous basis, even if we complete one of them before the other.

What percentage of the Thomson Centre is currently in use? And again, the minister said that they were in negotiations with the Hospital Corporation on possible uses of this centre. Are these to use it for a different purpose than that for which it was previously being planned? And if so, what purpose?

Hon. Mr. Hart: When we've identified where the actual needs are with regard to health services and facilities, and where they can be accommodated, then we will look at where they can be accommodated in the Thomson Centre.

Mr. Mitchell: In past budget speeches and speeches from the throne, there were references to multi-level care facilities in not only Watson Lake and Dawson, but also Teslin. Is there any planning underway for any sort of new health care facility in Teslin?

Hon. Mr. Hart: For the member opposite, we are looking at a facility right now. A seniors facility has just been completed in Haines Junction. A similar facility is underway in Watson Lake. That type of facility is being considered for Teslin also. Right now, we will concentrate on getting Watson Lake and Haines Junction completed, and we are looking at taking on Teslin at a future date.

Mr. Mitchell: I am presuming that those facilities — the minister makes reference to the facility in Haines Junction, which is basically a number of self-contained units within a seniors residence.

We have heard about the facility in Watson Lake. We have not found the specific government announcements on a Web site, in terms of exactly what that is; rather, we've seen references in the media to some designs that are on the wall in the Signpost Seniors facility that lay out what this other facility would look like. I know that this may be something that falls within another department. It could be that the funding for that is within the Yukon Housing Corporation. Can the minister provide us with any more details? I didn't see anything within the main estimates that I recall and I don't see anything within this supplementary budget specific to this facility in Watson Lake. So if the minister could clarify that, it would be appreciated.

Hon. Mr. Hart: For the member opposite, there is just a little bit of background on the Watson Lake situation. When the Haines Junction facility was contemplated, a system was built with the aspect of dealing with the social aspect.

However, that changed when the need was identified by the community and it should be based on a need for the facility, regardless of income. So that facility was changed and amended so that it could accommodate the residents of Haines Junction. We went ahead and made some alterations to the facility and those people who are there right now are very happy with that facility.

In the interim, while we were in that process, we brought seniors from Watson Lake to look at that facility in Haines Junction and garner their input. They indicated to us that it was the type of facility they wanted in Watson Lake. We went to

work looking for a suitable site to build that type of facility. That program, or that aspect, is being handled through Yukon Housing Corporation and is well underway. The land has been purchased and the design and all of that will be similar to the facility that is in Haines Junction, basically along with the interior.

I might add that the facility in Haines Junction — if the member opposite hasn't been there — is quite unique; it does provide services for the nurse practitioner, for her to come out and provide some health care facilities within it; there is a common room; there is a kitchen; there is ample parking. I must say the rooms are quite nice; they are all apartment-style. They have all the conveniences — they have dishwashers, a washer and dryer within the facility itself, and they are very accommodating to a senior.

In Haines Junction it just happens to be a stone's throw away from the nursing station, so it is obviously very convenient from that point of view. But that is the intent for the Watson Lake facility. Again, it was based on the input after we brought some seniors up from Watson Lake to look at the Haines Junction facility and they indicated that's just the exact type of facility they were looking for.

That's what's going to happen in Watson Lake, and that's what's intended to happen down there. Like I said, the lot has been purchased, the facility is going to be taken, and it will be handled by Yukon Housing Corporation.

Mr. Mitchell: I thank the minister for that clarification and I guess we will save our questions on that facility for the critic for housing and he can ask the minister responsible for Yukon Housing Corporation when that comes up for debate. I do appreciate the minister providing us with that much information at this point.

I do have some questions — the mouldy questions, Mr. Chair. There are a series of facilities in Yukon that have over time had issues with mould — black mould and other kinds of mould. The Thomson Centre is one such facility but the minister indicates that the building is in use. Are there still areas within the Thomson Centre that are not suitable for use because of mould or has that problem been completely eliminated?

Hon. Mr. Hart: For the member opposite, in any areas being utilized currently, there are no issues with regard to mould. There is some small mould located in an area that is not being utilized right now in the centre and work is underway to deal with that particular situation.

Mr. Mitchell: I'm wondering what procedures are in place in buildings that are in continued use that have mould identified in one portion of the building, where other areas are in use, in terms of air exchange — heating, ventilation and so forth. What procedures or policies exist to ensure there aren't airborne spores that migrate from one portion of the facility to another, which could endanger the health and safety of either employees or members of the public who come to use that facility?

Hon. Mr. Hart: With regard to mould, we have methods by which we can contain mould. It can be contained within certain units, wherever it is. And, if necessary, we can also change the air handling situation — and in some cases it

is. We can also change the heat pump situation such that it's providing heat for one particular area and not drawing from other areas that may or may not be contaminated.

But there is containment provided which deals with mould. We have had great success in dealing with mould in some of our older buildings and have had no discontinuation. We've been working with Occupational Health and Safety on these issues.

Mr. Mitchell: Returning to the Thomson Centre, in the spring debate the Health minister indicated there were, "...major capital requirements include upgrades to the heating, ventilation and air-cooling system, commonly referred to as HVAC. At this point in time, it is adequate for occupancy; however, there is a higher standard that applies to a health care facility for long-term clients, because they tend to be in a more fragile state. Therefore the air quality standards and standards for the ventilation systems are to a higher level than for non-health care facilities. As well, the nurse call system requires upgrading to meet current standards. It was one of the deficiencies where the construction of the facility was not quite adequate."

Have these capital improvements been successfully made to the Thomson Centre in order to enable it to be put back into service for any form of extended care? I recognize that the minister has already told us that he wants us to focus first on the 12-bed unit at Copper Ridge Place — I think that was largely the staffing issue that he was talking about, but here I am talking about some of the repair and renovation issues that are required that the former minister referred to back in May.

Hon. Mr. Hart: With regard to Thomson Centre, in order to accommodate patients who require additional protection with regard to air circulation and such, those changes have not been made but the facility still is able to accommodate just the regular use in terms of office and patient visits as per its current use.

With regard to the Thomson Centre itself, yes, these changes will have to be made with regard to the upgrade in order to meet the needs of further use, other than office. These changes will have to be made.

Until such time as we determine where the exact need is, though, and what the exact grades are, we will move along in those changes. We anticipate that these changes will take time, but it will also take us time to recruit for that facility, depending upon what the utilization of that facility will be. Given the difficulty we have in recruiting staff at Copper Ridge Place — although I must say that I'm encouraged by the results with regard to the hospital — it will take us probably just about as long to recruit ample staff for Thomson Centre as it will to make some of the alterations with regard to ventilation and security in the nursing station and such. But as I said, until such time as we determine the need for what's going to take place in the Thomson Centre, then we'll make the adjustments with regard to making the mechanical maintenance changes necessary to accommodate that need and make things happen in the Thomson Centre.

Mr. Mitchell: Thank you, Mr. Chair. Since the minister just talked about recruitment challenges, particularly of

nursing staff, perhaps we could ask a couple of questions about that. One would be an issue we've heard from nurses in Yukon, both in terms of Whitehorse General Hospital and in other areas of nursing, which has been the issue of so many nurses who are working on a temporary or part-time basis — two different issues: one being temporary and the other being less than full-time.

We understand and we've seen statistics in the past that say that this is done at a significantly higher rate in Yukon than it is in other jurisdictions. I know there have even been issues of Yukoners — Yukon-born and raised citizens who were unable to find full-time employment within Yukon, so they've left to go to other jurisdictions. I will name one — not the person, but I will refer to them, because it was the Member for McIntyre-Takhini who raised the issue that his own daughter ran into that situation, yet was offered excellent employment elsewhere.

So it seems we have this strange situation occurring where we have Yukoners — in some cases, born Yukoners, who can obviously handle 40-below winters and short periods of daylight, and who are culturally sensitive to our First Nation and non-First Nation population, who can't find employment here and yet we are told that we have a very difficult time recruiting and retaining health care professionals.

Is the minister looking toward changing that ratio of full-time to less than full-time and permanent to temporary or contract positions? Is this one of the minister's objectives, changing that policy?

Hon. Mr. Hart: With regard to casual or part-time nurses, as the member opposite was indicating — every effort is made to hire nurses full-time on our behalf. However, in the communities it is necessary to have experienced individuals and nurse practitioners in place. In many cases we have job sharing that takes place outside in the rural areas, but this is also something that is agreed to by these individuals. It is something that they have asked for. It is a preferred method of employment for them.

In addition, we do have casual and part-time people here in Whitehorse, but wherever possible we hire our nursing staff on a full-time basis. Currently, Whitehorse General Hospital has just gone through a review of their nursing. They are in the process of identifying need. I know that, in many cases, the issue of coming to the north, for whatever reason, is usually relative to job opportunities at the local hospital, which is Whitehorse General Hospital. I know from working with my staff in continuing care, for example, we are always looking for nurses on a full-time basis, and we're also anxious to pick up the new students coming out of their courses and we're taking advantage of that. We're also utilizing interns, and that's making a big impact, because they see our facility and it's encouraging them to come back — of course, that's Copper Ridge.

In essence, I would say that this review is being conducted by some Outside individuals who are experienced in handling this situation in other jurisdictions and hospitals, and once the results of that come in, I'm sure that it'll identify what steps are necessary for Whitehorse General Hospital to move forward in that particular area. I know that's something that has come up in the past; I've discussed this with the CEO also, and he has

indicated that this review is going to take an assessment of that and will report back to them on what's necessary.

Mr. Mitchell: Just to follow up on that, the minister indicated within his response that in some cases people were working part-time at their own request — particularly in communities where they were job sharing. Certainly that flexibility is valuable both for the system and for the individuals if they want to work less than full time. Clearly there are others who are saying that they can't get the full-time work and they leave as a result. I think there is still a problem.

We currently employ a temp agency to bring some of the nurses to Yukon. I am wondering whether the minister can comment on whether this has been a successful practice — not on whether or not they can provide a nurse but whether these nurses, once they come via the temp agency, tend to remain within the community or the system. I think there was one not that long ago who came that way to Watson Lake — I recall reading something about that.

Is this the best way for us to be recruiting, through a temp agency? The nurse may be coming from anywhere and not necessarily be someone who is interested in a long-time career in Yukon versus going out to more specifically recruit health care professionals who have a desire to share in our lifestyle up here. It would seem to me that, aside from the salaries, which obviously have to be competitive if we are going to attract people — and tend to actually be higher in the north — we have an awful lot to sell. That's why so many of us in this Assembly have lived here for so many years, in terms of our lifestyle, our recreational opportunities, our vibrant artistic community and excellent schools. We have a retail shopping environment that is probably out of proportion to our population in terms of what it provides. We have more than daily — several times daily — jet service to Vancouver and frequent service to Edmonton and Calgary. There are an awful lot of Yukon advantages, but it would seem that using a temp agency is not necessarily maximizing the best use of those advantages to attract and retain professionals to the Yukon.

If the minister could clarify whether or not that is still being done or if it will be phased out, it would be appreciated.

Hon. Mr. Hart: We are recruiting nationally on an ongoing basis with regard to nurses. And, right now, we only use temps as a last resort. We recently had approximately eight positions open in our rural areas, and since then, we have filled all but one of them. I would consider that very successful.

Again, these are individuals who are required to have the necessary experience to be out in the communities and to be left on their own. It's something that — it's very difficult to get there. We are looking at other venues and avenues with regard to attracting people to the Yukon. The member opposite gave several instances of why people would want to live here. Somehow, I think, every once in awhile, the best time to recruit is in January and February, so we get them here and they can actually see the worst of our weather. So it can only get better from there.

But it's very important not to over-sell what we can provide because it's not Hawaii. I think that trying to sell something that we aren't is not doing us any favours and it is defi-

nately not doing the client any favours because it won't take them long to get here and then leave. I think, when they come, we want them to come because they would like to come and they enjoy this lifestyle, the outdoors and the ability to live in a small community with all the amenities that Whitehorse and the Yukon provide. That would be great. We are currently looking abroad for nursing opportunities and that is something that we are pursuing in the future in order to try to fill some of the spots that we will have available due to the upcoming retirement of many of our people over the next couple of years.

Mr. Mitchell: I appreciate what the minister said about recruiting in January or February, but I'm not certain that everybody would agree that it is the least desirable time of the year because for those who want to downhill ski at Mount Sima or cross-country ski or take part in motorized recreational activities using snow machines, they probably think it's a pretty good time of year, as long as it's not 40 below. Those are things for which I think we can compete with Hawaii, because I think the cross-country skiing is pretty limited there.

Moving on to some other areas — in the spring I was asking questions of the former minister regarding the patient navigation program. The minister at the time was talking about some challenges that they had, specifically with the Capital Health Authority, getting that going. I believe it was intended to be in existence in Edmonton and Vancouver, those being two cities where we send Yukon patients to receive medical treatment that may not be available in Yukon.

The reason why we have this program is that obviously we have many people who may not have a great deal of familiarity, not only with those two cities, but perhaps with city life at all. We have people in Old Crow and in other communities who may never have been to a city like that.

It can be pretty intimidating if they're suddenly Outside and trying to make their way to a hospital across town using public transportation and so forth. Can the minister provide us with an update on how these services are working and whether or not they are proving to be effective?

Hon. Mr. Hart: In regard to the patient navigation system, I will have to say that, as it relates to Vancouver and Calgary — especially in Calgary — we're not getting anywhere fast or efficient there. It is the same in Vancouver. However, I will say that we have been successful in getting it underway in Edmonton and those who are utilizing that service have provided us with positive reports. So, if you're going to Edmonton, that service is available. However, we're not — as I said, we're having great difficulty in trying to get it into place in Calgary, as well as in Vancouver.

Mr. Mitchell: As the Member for Vuntut Gwitchin has reminded me, a high percentage of Yukoners end up in Vancouver for cancer treatment.

Obviously, when someone is going Outside for treatment for something as serious as cancer, they are already under a great deal of stress, and so there is added stress of an unfamiliar area and difficulty in navigating. They may not have family down there. That is going to have an impact on their health.

The minister indicated that they are having a great deal of difficulty getting it up and going. Is that with the same provider

or is there an opportunity to look at some other provider in Calgary and Vancouver to try to achieve the same goals that the minister says are more successfully in place in Edmonton?

Hon. Mr. Hart: With regard to Vancouver and Calgary, really, we have to work with the health authority. That is our only option right now and currently, to put it politely, they are just swamped. The difficulty is trying to organize a meeting, get it done and get it somewhere on a priority that they can do.

They can get there right now. There are many priorities way ahead of us when it comes to this type of information. And that's the difficulty we've been expressing with Vancouver and Calgary, and specifically Calgary.

Mr. Mitchell: I guess I recognize the frustration that the minister is expressing. I would only say that there may be many priorities for those jurisdictions, but because we send a higher percentage of people Outside — because we don't have a lot of advanced care available to us here — there are no higher priorities for our jurisdiction. So I'll just encourage the minister to redouble his efforts to resolve these issues, because they are serious issues.

Can the minister provide us with an update on how the 811 service is working? I know there were some hiccups at the beginning, some of which were fairly amusing, such as when people were being connected to numbers that weren't, in fact, the nurses they were supposed to be.

Does the minister have any — obviously it wasn't amusing for the people who were trying to employ the service — statistics on how often this service is being used? And does he have any feedback from Yukoners who have used it as to whether it's addressing their needs?

Hon. Mr. Hart: With the implementation of 811, I would have to say the member opposite indicated there were some hiccups, some funny ones. In any case I will say with any new system, no matter what it is — whether it's a new car or whatever — the first year always has a few hiccups with anything new. It takes a little time to work out some of the nooks and crannies.

I will say that we did experience some difficulties in the rural areas, especially in the nursing stations, in getting a nurse on call, but we did work out some of those issues with them. It seems to have worked out. The other thing is we had to get some people to stop using the line for other than what it was intended.

I will say that, to date, we have had well over 2,000 calls to 811. I've had about four or five e-mails expressing the enjoyment of using the service and the benefits that they received from that, especially moms with small children, and especially happening on the weekend. It provided them with exactly what they were looking for, and said that the fact that they could take the time to e-mail me with regard to that particular aspect demonstrated that that service is working well. I think it's working very well for what it was intended for, and I hope that we continue to provide that service and that it gets utilized as it was intended.

Mr. Mitchell: I thank the minister for that update. I'd like to ask some questions regarding youth shelter. It has been

in the news lots, obviously; we've all seen the demonstrations, or participated, speaking at the public demonstrations on behalf of youth at risk. Now, I know the system that the government put in place previously on a six-month trial, which has since been extended, as a contribution agreement with Skookum Jim's to try and provide a limited service that included a telephone number and people being referred and sometimes housed at Detox, actually.

There is some difference as to the age grouping that is being dealt with through that system, as well as other young people — not only youth but almost young adults — that the Blue Feather Society envisions with Angel's Nest through the Youth of Today Society.

We know that there was the announcement a couple of weeks ago that a group of NGOs, five First Nations, and the Anglican Church had managed to contribute funds to secure a building for a potential facility. I have asked the minister questions before about the government supporting such a project with O&M funding. The minister has indicated dissatisfaction with the business plan that was being presented.

I guess what I'd like to say again to the minister is that the need is genuine. I'm not here to judge the business plan. I would like to ask the minister whether, as opposed to simply telling the proponents that the plan as presented is not satisfactory, has he endeavoured, through his department, to work cooperatively with this group of NGOs and First Nation governments to develop a business plan that the minister could work with to assist in actually making this service a reality?

Hon. Mr. Hart: With regard to the question from the member opposite, I will advise that, as I indicated previously and provided him in written notice, there were shortcomings in their business plan that had to be addressed. There were issues. I've received nothing from the group with regard to any changes or amendments or improvements otherwise with regard to that.

In addition, as I also stated in Question Period, we are willing to look at something coming back to us from the group, regardless of whatever name tag is put on there. We will look at it, but we do have services that are available. We did extend our facility with Skookum Jim. There are facilities available for young adults that deal with providing them with temporary facilities. So those things are currently here now in the Yukon. So we are investigating other issues and, as the member opposite indicated, I've received nothing since the day the question was placed in the House and nothing since the announcement was made with respect to the down payment.

Now, I will state that I did meet with members of Youth of Today. I did meet with them prior to the November 12 meeting. It was a very casual meeting. I spoke with them and asked them to provide me with some information.

I asked them to provide me with some information prior to the news release, to give me something that I could review, and made a suggestion that if I had that information I could possibly look at something, and again I received nothing, other than the news release on the 12th. We did have staff attend that meeting to provide us with some input, so we are well aware of what was provided there. We are looking at improving our fa-

cilities here in the Yukon and providing the services where and when they're needed.

Mr. Mitchell: I think what the minister's basically saying is that the ball is in their court. And I guess what I'm saying is that I'd like to cut through all of this sort of impasse as to whose turn it is to provide which information. It may well be that the minister is correct that the business plan is incomplete or that the projected programming that would be in place is not sufficiently well-outlined, but I think what we don't want to lose sight of here — while we are saying that minister is waiting to hear back again from the proponents — is that our concern is for the clients. Our concern is for young people who may be at risk.

I have talked to a number of health care professionals who have expertise in this area and I'm not convinced that the interim solution that has been put in place — while it may well help some — is the best possible solution.

We have looked in the past at what evolved over time in the community for women and young girls who were at risk — women and children for that matter who were at risk due to spousal abuse. It started with NGOs, it started with concerned people. It is still being run by an NGO with significant government funding. The government funding for the women's transition centre is very significant funding. It is a needed service. We wish it weren't so but we are wearing white ribbons so we know that it is so. Probably, unfortunately, it will be so for many years into the future.

It seems to be just a very, very unfortunate aspect of human society that there are people — women, in particular — who are abused within our society. Similarly, I think it's genuine that we have youth at risk. I'm not terribly interested in debating why they're at risk — whether they've made bad choices or whether they've had an unfortunate upbringing or whether they were the children of parents who were too young to know how to look after them from the get-go. Neither do I want to be told there are young people who are couch-surfing in Whitehorse or anywhere else in Yukon and who may be put in a position to — let's be quite blunt about it. We've been told they are pressured to trade sexual favours for a place to sleep. And that's not the fault of this government — I'll be clear about it — it's just a reality, but what the government can do is accept that it's a reality and address it.

What concerns me is that I think, reading between the lines, I'm hearing the minister say that he's not convinced that there really is any such need. Does the minister accept that there is a need — that there are youth at risk? Does he think there may be some benefits and value, if a proper business plan can be written, to a permanent facility, or does he feel that the interim solutions on an ongoing basis are sufficient?

Hon. Mr. Hart: Currently, nobody who needs a bed will go without. We have services available; we can provide it. But I will say that the member opposite talked about couch-surfing and about several items — we don't want to talk about why they're homeless or where they're homeless.

Determining what is "homeless" is a very important issue. How do you determine who's a couch-surfer? Where does that

person report to that "I'm a couch-surfer"? How do we deal with that? How does society deal with that?

In talking with other jurisdictions, we asked them what their methodology was for assessing the homeless, specifically couch-surfing — they don't have one. There isn't one — not one that you can depend on.

We went further down the line and we checked further just to try to figure out what was needed to get through the process. Regardless of the situation, in almost every jurisdiction that we looked at, the facility has to have security. There has to be security. There has to be a structure and people don't just show up at the front door and walk in and walk out.

Mr. Chair, I have been in the homeless facility on Burrard Street in Vancouver and believe me, there is no place that I have ever been that would demonstrate a homeless situation like that one. You walk in the door — you knock on a door and it's locked. You walk inside the door and it has a window protection for the individual who is behind it.

There is another locked door to get into that spot. In behind that spot, once you get through the door and you're allowed to go through the door as long as you go through the process, you're met by a counsellor. Assessment is done by that counsellor. You're not allowed to sleep there; you're allowed to rest there and move on when the time comes. You can come back four hours later if you want. That's all possible.

When I was there they were providing breakfast that morning because it was a special day — I can't remember exactly what it was, but breakfast was being provided to these people by other homeless people. There were authorized staff at this facility; there were professional people at this facility; supervision was at this facility; nobody was left unattended.

Everybody there knew their names, because they had been there before or an assessment had been done by a social worker. That facility on Burrard is accredited. The people there are all accredited; they have the appropriate skills and skill sets with which to deal with these people. That is a very important aspect of this one particular case.

I'll carry on with this at a later date, Mr. Chair, but I will request that we report progress.

Chair: It has been moved by Mr. Hart that Committee of the Whole report progress.

Motion agreed to

Hon. Mr. Cathers: I move that the Speaker do now resume the Chair.

Chair: It has been moved by Mr. Cathers that the Speaker do now resume the Chair.

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

Chair's report

Mr. Nordick: Mr. Speaker, Committee of the Whole has considered Bill No. 12, *Second Appropriation Act, 2008-09*, and directed me to report progress on it.

Speaker: You have heard the report from the Chair of Committee of the Whole. Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

Hon. Mr. Cathers: Mr. Speaker, I move that the House do now adjourn.

Speaker: It has been moved by the Government House Leader that the House do now adjourn.

Motion agreed to

Speaker: This House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:28 p.m.

The following Sessional Paper was tabled December 2, 2008:

08-1-94

Standing Committee on Appointments to Major Government Boards and Committees: Seventh Report (dated December 2, 2008) (Taylor)